Health and Community Services

Health and Community Services Advisory Board
Part A - Meeting in Public

25TH JANUARY 2024 9:30AM – 12:30PM

Government of Jersey

Health and Community Services

AGENDA

MEETING: Part A - Health and Community Services Advisory Board
DATE: Thursday 25th January 2024
TIME: 9:30am – 12:30pm
VENUE: Main Hall, St Paul's Centre, Dumaresq Street, St Helier, Jersey JE2 3RL

	Description	Owner	Time
OPENING ITEMS			
1	**Welcome and Apologies**	Chair	**9:30am**
2	**Declarations of Interest**	Chair	
3	**Minutes of the Last Meeting**	Chair	
4	**Matters Arising and Action Tracker** *Tracker*	Chair	
5	**Chair's Introductions**	Chair	
6	**Chief Officer's Report** *Paper*	Chief Officer	
QUALITY AND PERFORMANCE			
7	**Quality and Performance Report (Month 12)** *Paper*	Chief Operating Officer – Acute Services, Director of Mental Health Services and Adult Social Care, Medical Director and Chief Nurse	**10:15am**
8	**Workforce Report (Month 12)** *Paper*	Associate Director of People	**10:30am**
9	**HCS Annual Plan 2024 - DEFERRED**	Director of Improvement and Innovation	**10:45am**
10	**Quality and Performance Report (QPR) Metrics 2024** *Paper*	Director of Improvement and Innovation	
11	**Serious Incidents Position Statement** *Paper*	Medical Director	**11:00am**
12	**Rheumatology Service Review** *Paper (paper will be available on Monday 22nd January 2024)*	Patrick Armstrong	**11:15am**
QUESTIONS FROM THE PUBLIC (Related to Agenda Items only)			
	Questions	Chair	**12:15pm**
	MEETING CLOSE **Date of next meeting:** 29th February 2024	Chair	**12:30pm**

Health and Community Services Department Advisory Board

Health and Community Services

Date: 6 December 2023	Time: 9:30 – 1:10pm	Venue: Main Hall, Dumaresq St, St Helier, Jersey JE2 3RL

Board Members:		
Professor Hugo Mascie-Taylor - **CHAIR**	Fixed-Term Chair of the Board	**HMT**
Anthony Hunter OBE	Non-Executive Director	**AH**
Dr Clare Gerada DBE	Non-Executive Director	**CG**
Julie Garbutt	Non-Executive Director	**JG**
Chris Bown	Chief Officer HCS	**CB**
Mr Patrick Armstrong	Medical Director	**PA**
Jessie Marshall	Chief Nurse	**JM**
Claire Thompson	Chief Operating Officer – Acute Services	**CT**
Andy Weir	Director of Mental Health Services and Adult Social Care	**AW**
Cheryl Power	Director of Culture, Engagement and Wellbeing	**CP**
Steve Graham	Associate Director of People HCS	**SG**
Obi Hasan	Finance Lead – HCS Change Team (Teams)	**OH**
In Attendance:		
Beverley Edgar	Workforce Lead – HCS Change Team (Teams)	**BE**
Cathy Stone	Nursing / Midwifery Lead – HCS Change Team (Teams)	**CS**
Professor Simon Mackenzie	Medical Lead – HCS Change Team	**SMK**
Emma O'Connor	Board Secretary	**EOC**
Daisy Larbalestier	Business Support Officer	**DL**
Dr Adrian Noon	Chief of Service Medical Care Group (Item 15 only)	**AN**
Dr David Hopkins	(Interim) Chief of Service Women, Children and Family Care (Item 16 only)	**DH**
Ashling McNevin	Freedom to Speak Up Guardian (Item 19 only)	**AMN**

1	**Welcome and Apologies**	**Action**

Apologies received from:

Dr Anuschka Muller	Director of Improvement and Innovation	AM
Carolyn Downs CB	Non-Executive Director	CD

2	**Declarations of Interest**	**Action**

No declarations.

3	**Minutes of the Previous Meeting**	**Action**

The minutes of the meeting held on 1 November 2023 were agreed.

4	**Matters Arising and Action Tracker**	**Action**

ACTION 94: JM / CG met with the service-user on 5th December 2023. Agree **CLOSE**.

ACTION 89: CG / CT formally introduced yesterday and will arrange this meeting. Agree **CLOSE**.

ACTION 86: A paper is required for the HCS Senior Leadership Team to consider first and then Board in January 2024. In response to JG's question, CT confirmed that multiple discussions have been held with Customer and Local Services (CLS). Remain **OPEN** (for future agenda).

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ACTION 83: CP confirmed that meetings have been held with three NEDs and the fourth to be rescheduled. Agree **CLOSE**.

ACTION 80: JM confirmed that the required information has been provided to the NEDs. Agree **CLOSE**.

ACTION 79: JM confirmed that the current survey will close mid-January 2024, with preliminary information received during February 2024 and the final report in March 2024. The Picker Institute will attend the Board meeting during March (if requested) to provide feedback. In addition, this can also be presented to the Patient and Public Engagement Panel. Remain **OPEN** (for future agenda March 2024).

ACTION 31: It is anticipated that budget holders will have electronic access to their budgets in Jan / Feb 2024 (Q1 2024). To mitigate the risk, the finance business partners provide manual reports to the care groups monthly and accountable officers are held to account through the performance reviews. Remain **OPEN** (for a further update in February 2024).

5	Chair's Introductions	Action

HMT provided an update regarding appointments to the HCS Advisory Board.

1. A Chair appointment has not been made and HMT has agreed to extend his contract until end December 2023. As this will be his last meeting, HMT wished all well.
2. The process for appointing the fifth NED is underway and HMT hopeful that the successful candidate will be in post for the meeting of the Board in January 2024 (noting that HMT is not currently involved in the process of NED recruitment).
3. Whilst still under discussion, four assurance committees (previously three) have been proposed and each of these will be chaired by one or two of the NEDs. Reports from each of these committees will be provided to the Board.
4. HMT provided a reminder that this is not a statutory board, it is an advisory board that advises the Minister for Health and Social Services (MHSS). Substantial progress is being made to make clear the line of accountability from the people who work within HCS to the public (through the Executive Directors (EDs), NEDS, Chair and MHSS).

6	Chief Officer's Report	Action

CB provided a verbal precis of the Chief Officer report which is a summary of the key issues that HCS has experienced (and continues to experience) through the previous month (October). Most of these are covered in detail as separate reports on the agenda. In addition,

- Since writing the report, the Maternity Improvement Group (MIG) have established business as usual processes for a further 8 of the 127 recommendations, bringing the total to 88.
- The options appraisal paper for the proposed Medical Model was presented and discussed at the Senior Leadership Team (SLT) meeting and further work is required to understand the financial impacts.
- The demolition work at Overdale Site has started today.
- Interviews have taken place for Consultant Psychiatrists but unfortunately there was no suitable candidate to appointment.

Referring to the reference to attention deficit hyperactive disorder (ADHD) waiting lists, CG sought clarification as to whether this included adults and / or children – AW confirmed adults only. CG suggested that as there are other criteria in place, not to focus on the waiting list as any increase is likely to be related to increased demand.

Noting the 22 month wait for Ophthalmology, CG highlighted that those waiting are likely to be older adults who are at an increased risk of falling. CG sought assurance that the focus of waiting list initiatives are those areas that carry greatest risk to those waiting. CB advised that Ophthalmology is a key area hence the outsourcing contract. CT will discuss in more detail during item 8.

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Noting the reference to General Practitioners (GPs) with specialist interests in Dermatology, CG asked if nurses are encouraged to develop additional / enhanced skills in this area. JM confirmed that there are specialist nurses in both Ophthalmology and Dermatology. In addition, the role of the Advanced Clinical Practitioner (ACP) has developed in Jersey and seeking to increase number of ACPs.

ACTION: The board to receive a report indicating progress on increasing the number of ACPs (March 2024).

Regarding the success of HCS in joining the National Audit Programme, HMT advised this is key step forward as it will allow HCS to understand how well it is doing compared to other organisations.

ACTION: HMT asked for a report detailing those areas where comparisons will be made (through the National Audit Programme) – January 2024.

Highlighting her support for benchmarking, JG asked if consideration had been made to broadening this to comparable organisations in the NHS and / or other Islands. CB advised this does happen and in particular, Jersey has had several discussions with Guernsey during 2023. CS also advised that links have been established with the Integrated Care Board (ICB) for Southampton, Isle of Wight and the partnership in Portsmouth. Not only does this provide data regarding rurality of an Island population, but this is also where most of the women and babies from Jersey will be transferred if they require intensive care and support. The newly developed maternity score care will reflect this benchmarking.

SMK highlighted that benchmarking is important for driving improvement and directing resource. However, variance will occur but there will be acceptable / unacceptable variances across a defined range.

7	**Quality and Performance Report (QPR) Month 10**	**Action**

- Improvement can be seen in the *new to follow-up ratio* and *outpatient did not attend (DNA) rate*. The required improvements to IT system have contributed to this.
- *Elective theatre list utilisation* is improving, and this is reviewed in the clinical productivity workstream as part of the financial recovery programme (FRP).
- Better evidence to support more timely *commencement of treatment in the Emergency Department (ED).*
- There will be additional bed capacity (18 beds) to allow HCS to respond to any surge in activity over the winter period.
- *% day cases* is an area of focus, particularly a review of those procedures of low clinical value to ensure there are clinically effective pathways in place.
- Additional focus on triage within the ED and *rate of readmission within 30 days of a previous inpatient discharge.*

Regarding procedures of low clinical value, CG asked if this is mandated or does the surgeon decide – CT responded that this this varies, and surgeons can apply clinical judgement. CG further sought clarification as to whether clinicians can make a case for carrying out a procedure of low clinical value or are there are strict criteria in place. PA responded that HCS does not robustly apply the policy and must make this guidance clearer for clinicians to ensure that patients are offered all other appropriate treatments before being offered surgery. Noting the risk of patient harm by carrying out unnecessary procedures, CG asked if the Board could see a list of these procedures (low clinical value) at a future meeting (including numbers). SMK suggested that whilst this data would be useful, there may be more value in selecting a few procedures for a deep dive to understand to what extent any exceptions can be justified.

CT advised that the Procedures of Low Clinical Value Policy has recently been reviewed and compliance with this is included in the clinical productivity workstream to understand capacity and clinically effective pathways. CB highlighted this is as an example where HCS is trying to ensure that good clinical practice is embedded, rather than sitting in a policy. HMT emphasised that the organisation must recognise that all processes to drive quality and safety (NICE

Guidance, National Audit etc) must be followed. The first step is to make sure the policies are in place, which HCS is doing currently, and the second (more difficult) step is ensuring compliance.

ACTION: The Board is to receive a paper with the list of Procedures of Low Clinical Value, the number that are carried out and an audit of when these have been carried out. Areas of non-compliance should be listed – February 2024.

- The redesign of the Community Mental Health Services considered two areas of focus: firstly *access* and secondly, *review within 72 hours following hospital discharge*. Measurement of review within 72hours following hospital discharge is a key safety performance indicator (KPI) as there is evidence to demonstrate that if people are going to kill themselves on discharge from inpatient mental healthcare, they do so within 72 hours. Performance in this areas has improved significantly over the last two years.
- In addition, the Crisis Team are seeing 82% of people referred to the service within ten working days. However, work continues to establish why this is not 100% and initial findings indicate that this is due to patient choice.
- Whilst 98% of people are being assessed within target for psychological therapies, the wait relates to accessing treatment.
- Specialist diagnostic services (Dementia Assessment Service, ADHD, Autism) are subject to increased waiting times.
- Learning Disabilities – percentage of clients with a physical health check in the past year. The Learning Disabilities are reviewing this and have found that individuals are declining a physical health check from HCS as they are accessing other provider's i.e. primary care. This metric will be reviewed to understand if it is correct.
- The percentage of new support plans reviewed within 6 weeks (ASCT) is not meeting target (65% against 80%) but this is due to the diversion of social work attention to discharges from hospital.

AW confirmed that he is working with AH to review all the targets for Adult Social Care (ASC) to ensure the metrics are correct and measuring the things that really matter and support a fully integrated health and social care system. This suite of indicators will be presented to the board in January 2024.

AW stressed that additional KPIs are measured for both Mental Health Services and ASC, however, only the highlights are included within the QPR.

<u>Quality and Safety</u>

- VTE risk assessment is an area of concern. Prior to the introduction of MAXIMS, VTE assessments were completed through the EPMA, and treatments could not be prescribed if this had not been completed. This function was switched off following the introduction of MAXIMS. The current rate of assessment completion has been validated and falls well below acceptable. Whilst switching this back on through EPMA was considered, the EPMA has not been introduced across all areas of HCS and it only measures assessment of VTE risk (not subsequent management of risk). HCS is able to monitor prescribing VTE treatment and prescribing rates are higher than expected (higher than the assessment rates). This is assuring on one level; however, in the absence of a risk assessment, it is not known whether this is appropriate treatment. The dashboards will be introduced next week which will show both the assessment and prescribing rates. Staff in clinical areas will be asked to review this daily to ensure assessment compliance. The chair noted that the consequence of this process not working well has a direct effect on the lives of patients and asked how the Board could support increasing compliance, noting that there is a clear evidence base for this. JM confirmed that the nurse managers are involved with clear escalation processes. In response to HMT, it was confirmed that there are some areas that are better than others with significant differences across wards.

ACTION: Deeper analysis of VTE assessment (ward by ward) to be presented to the appropriate assurance committee (and subsequent board report) in January 2024. Areas of non-compliance to be listed.

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- Infection rates remain low with two cases of C. diff identified. Whilst these occurred on the same ward, no link was identified following an investigation.
- Reported pressure trauma has reduced during October 2023 and this is a consequence of the targeted educational work delivered by the tissue viability team.
- Responses to complaints and communication with complainants is continuously reviewed to ensure that regular updates are provided. The response rate has improved and 50% are now outside timeframe. Whilst there is still much to improve, continual progress is being made. Feedback includes compliments and HCS is improving the recording of these. Further work regarding complaints will be taken back to the Patient Panel.

8	**Waiting List Report – Acute Services**	**Action**

Paper taken as read. Key points,

- The number of patient waiting for endoscopy has reduced to 815 (from 1170).
- The procurement exercise for outsourcing Ophthalmology to provide additional capacity is complete. The impact on the waiting lists and patients will be included in the report to board in January 2024.
- Trauma and Orthopaedics continues to be impacted by surge of medical patients into surgical beds. However it is anticipated that the substantiation of the additional 18 beds and the introduction of a new medical model will improve this.
- The waiting time for a routine MRI scan has reduced from 52 weeks to 11 weeks.
- The community dental waiting list has reduced following the commission of dentists in primary care. A paper will be presented to the HCS SLT to discuss funding options for continuation of service beyond 2023.
- The dermatology waiting list is impacted by difficulties in recruitment. However, developing and diversifying the workforce is an area of focus. The impact of the additional workforce will be detailed in the paper for the board in January 2024.

CG noted the vast amount of work to address the waiting lists and congratulated HCS for achievements to-date.

JG sought to confirm that HCS has sustainable resources in place to maintain the waiting lists (and prevent further increases) following the waiting list initiatives. CT confirmed that the work to modernise patient pathways, use of technology (such as telemedicine in dermatology) and developing and diversifying the workforce will contribute to sustainable capacity. CB stated that the sustainability of the waiting lists must be considered as part of the FRP and that the HCS SLT are discussing how this can be achieved within the financial envelope.

Noting that the procurement of some services to address the waiting lists has not been a quick process, JG asked if this is being addressed, particularly if additional schemes are required in the future. CB in agreement that the potential for speed must be maximised through the procurement process (whilst following the Government of Jersey (GOJ) process and ensuring value for money). However, when outsourcing and insourcing services, there are additional contractual consideration in addition to the finances such as governance arrangements.

9	**Finance Report Month 10 (M10)**	**Action**

OH on TEAMS to guide the Board through the M10 report. Key points,

- Year-to-date deficit has increased to £25.6 million.
- The underlying run rate (an important measure) is slowing down (an improvement), by £0.2million. It is hoped that this will accelerate over the coming months.
- The FY 23 year-end forecast has reduced to a deficit of £27.2 million with the forecast run rate reducing by £0.7 million to an exit run rate by year end of £1.7 million overspend.
- Whilst Month 11 (M11) has not been officially reported yet, HCS in on target to deliver the saving agreed with Treasury.
- There are still significant risks that remain in the underlying position causing HCS to continually mitigate further pressures moving forward. As an example, although agency spend has reduced, HCS is recruiting into substantive posts and from a financial

perspective, if the timing of staff leaving and starting is not sequenced, this presents a short-term cost pressure.

- There are 470 vacancies (a reduction of approx. 30 since Sept 2023). Agency staff reduced to 191.
  Packages of care reman a significant pressure. There is a focus on financial opportunities when renegotiating contracts and this is an area of focus, however it will be next year before any benefits are seen.
- At M10, £16 million overspend against non-pay with a forecast year end overspend of £17.6 million. The main drivers of this are,
    - mental health off-Island placements,
    - social care packages,
    - tertiary care contracts (mainly NHS),
    - companion travel (a policy decision which presented a significant cost pressure)
    - estates compliance.

- Year-end forecast over achievement of £0.5 million in income which includes an under achievement in surgical private patient income due to lack of beds. However, this has been mitigated by over achievement in staff accommodation (through the Chief Nurse budget) and Long-Term Care (LTC) Benefit (received for additional activity done).

Noting the financial achievements are encouraging, AH asked if the impacts on services are understood, particularly regarding quality. CB advised that one of the principles of the financial recovery programme is that it is quality driven and quality impact assessments are carried out where required with engagement of Chief Nurse and Medical Director. The aim is to protect clinical services however, there is a significant financial gap and decisions will need to be made by the HCS SLT as to which services can be provided and which cannot; 2024 will be a difficult year for HCS. Discussions will be held with the Minister of Health and Social Services before any such decisions are made and presented to the board prior to enacting any decisions.

CG thanked OH for clarity of the finance report. Noting both the overspend across HCS and the underachievement of income, CG asked if a review of productivity is included in the FRP and whether it will be considered alongside any decisions regarding services. HMT and OH responded that a review of productivity is key, and this was identified as a driver for the FRP work that is within HCS's control. The FRP states that if HCS can do things better and more efficiently, not only will the quality of care and operational performance improve, but money is also released to reinvest in growing services or other things; productivity is the correct way to drive quality and improvement and the money is a measurement of this. Poor productivity equals poor patient care. Using delayed transfers of care as an example, SMK noted that people are in hospital unnecessarily and there are less beds available for elective capacity – neither group of patients are receiving good care.

AH observed that this underlines the need for a focus on commissioning (through an assurance committee) and what services do the people of Jersey want / need in five / ten years' time. This will direct how HCS works with providers over time to ensure the correct care is in place. Noting delayed transfers of care, JG stated that the solution rests in the community, either in care homes or in care in the home neither of which HCS can resolve itself. HCS's relationship with the care sector, third sector and GOJ departments would be reviewed at the proposed assurance committee with a report then featuring at the Board.

The year-end forecast position for HCS is £1.67 million (year-end). OH clarified that the reserves differ from more traditional models in that rather than individual departments building their own reserves, all reserves are held centrally by GOJ, and departments have to apply or bid according to need. The reserves referred to in this report include growth monies, capital and covid funding and HCS draws against this according to need. It does not mean that HCS does not have access to reserves as an application can be made to Treasury. The remaining £1.67 million will be used to mitigate cost pressures against the £26 million deficit.

The FRP was developed to deliver the £12 million savings for 2024. There are significant risks to this including the capacity and capability within HCS to deliver recruitment processes and contract renegotiations, whilst keeping the unexpected cost pressures at bay for next year.

Budget planning for FY 2024 is continuing at pace. The increased budget of £286.5 million agreed with Treasury for 2024 includes £15million of unfunded services and deficit HCS is exiting 2023 with (£26million). The budget planning cycle is due to complete at end-Dec 2023 however, significant cost pressures identified by the care groups during the early part of 2024 is a risk. The ELT are working with the care groups to balance within the financial envelope.	

10	Workforce Report Month 10 (M10)	Action
Paper taken as read. Key points highlighted, - Turnover rate remains stable at 4% which equates to approx. one hundred people leaving in a 12-month period. - Sickness rate remains stable at 5 to 5.5% - Recruitment activity data is developing, and the paper details the pipeline information available for recruitment into nursing roles. Other staff groups will be included in the future. - Connect People is rolling out several modules to provide support to managers and employees with automated processes (leading to efficiencies). JG asked if there was any comparative Information, either across other GOJ departments or similar healthcare jurisdictions. There was agreement that the turnover rate of 4% was particularly low (against an expected 10 - 12%) but this could be attributed to the Island context.		

11	Recruitment – Long Term Approach	Action
SG explained that the paper is not strategic, rather it lists the activities undertaken in the last 12 months to improve the recruitment process. There are multiple workstreams including targeting different markets, staff groups and demographics. Governance arrangements have been established to ensure compliance with processes and monitor outcomes. JG asked why HCS is unable to facilitate Objective Structured Clinical Examinations (OSCE), taken by overseas nurses to gain registration with the Nursing and Midwifery Council (NMC). SG responded that the reasons for HCS not being able to facilitate OSCE are not yet well understood and how similar jurisdictions do this is being explored. HMT suggested it may be resolved if HCS had much a clearer relationship with a single organisation in the UK rather than having relationships with several different organisations.		

12	Medical Job Planning	Action
Paper taken as read. HMT asked for a specific focus on medical job planning and productivity. PA explained since the last meeting, support has been secured from two job planning experts with an HR background, specifically medical staffing. This has provided an opportunity to review the job plans already signed off for quality and consistency. SMK has contributed significantly to this process. The conclusion reached is that there are significant discrepancies and lack of consistency across a range of areas. In collaboration with the Local Negotiating Committee (LNC) it has been agreed to pause any further sign off of job plans until these issues are resolved. Whilst there is an accepted policy in place, this has not been implemented consistently. Regarding productivity, greater detail will be included in the job plans to show what the organisation requires from individuals, and how they can be supported to deliver this. The aim is to complete job planning by end March 2024. ACTION: Monthly update to the board on progress towards the completion of job planning by March 2024. Noting that job plans would normally be completed at the time of annual appraisal, CG asked if annual performance appraisals take place. HMT advised that medical appraisal which supports the revalidation of doctors is a development process based on the premise that if individuals reflect on practice, practice will improve. Separate to this are performance management		

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processes which have a more direct effect on productivity – these do not take place in Jersey. The first challenge for HCS is to get these in place to support revalidation.	

13	Winter Plan 2023	Action

Paper taken as read. Key highlights,

- Learning from winter plan 2022/2023 has been incorporated into this year's plan.
- Key focus areas from other healthcare jurisdictions have been reviewed and included where appropriate.
- There are eighteen additional beds this winter following the recent refurbishment of Plemont ward. Working with the Chief Nurse to establish staffing for these beds.
- The resultant cost pressures of any winter surge are well mitigated this year.
- The medical care group are progressing key pieces of work regarding Same Day Emergency Care (SDEC) service.
- The development of an ambulance handover area in the Emergency Department (ED).
- Operational flow processes are reviewed with further training provided.
- Weekly DTOC meetings are held with Director of Mental Health Services and Adult Social Care to ensure that patients are accessing onward care as soon as possible.
- Development of a Discharge to Assess pilot.

CT used this as an opportunity to thank both clinical and non-clinical staff particularly with the refurbishment of Plemont and Beauport ward this year.

AH asked what work is being done to prepare the independent home care sector for potential winter pressures. AW advised that meetings are held with providers. Regarding the weekly DTOC meetings, there is now a clear data set of why individuals are delayed, for how long and for what they are waiting. In the last three months positive changes have been seen such as providers being able to provide packages of care more quickly. The new brokerage system introduced by Customer and Local Services (CLS) will help to improve this further. Currently, the key reasons for delays are access to nursing home beds (majority) and access to residential beds – waits for nursing home beds includes a small number of specialised dementia care beds. Different ways of working need to be established for access to nursing homes (particularly dementia care) as this is causing the longest delays by far.

ACTION: Update on the success of the winter plan in Feb 2024.

14	Serious Incident (SI) Position Statement	Action

Paper taken as read. PA provided some key highlights,

- The position is improving but a lot of work remains to achieve an acceptable position.
- The safety huddles are timelier.
- Rates of post-partum haemorrhage (PPH) and massive obstetric haemorrhage (MOH) remain a concern and consequently, all MOH are reviewed by the serious incident review panel (SIRP). Of the last nine presented, seven have not been declared as SIs. Improvements seen include prompt escalation. An independent thematic review has been commissioned to understand why MOHs are occurring and identify any further improvements in the management of labour.

JG asked what assurance the Board has that learning from SIs is embedded in practice, particularly organisation-wide learning. PA acknowledged only limited assurance; however, a quality improvement function now sits within the quality and safety team to review all the recommendations for evidence of action and learning. JG noted that there may be a resourcing issue as additional audit of learning in six / twelve months following an incident would provide further assurance of continuing compliance. PA anticipates the investment in the quality and safety team which expanded during 2023 would have an impact in 2024 on this type of work.

CS advised that as part of the maternity cycle, a 30-60-90-day feedback has been introduced to make sure that actions have embedded, and a quarterly paper will be provided to the quality and safety team to provide continuing assurance.

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ACTION: HMT noted the monitoring of compliance in maternity services is encouraging and asked that the Board receives an outcome of this work at a future meeting (February 2024).

Noting that HCS oversees SI investigations in Jersey Ambulance Service (JAS) and Child and Adolescent Mental Health Services (CAMHS), JG asked if capacity is provided from these departments to lead / support investigations. PA responded that there are not many investigations from these areas but if so, the expectation would be that resource would need to be provided. In addition, JG asked who has accountability and responsibility for implementing and monitoring recommendations that arise from these investigations.

It was agreed that it was unusual to see JAS and CAMHS positioned outside HCS, leading to a lack of clarity regarding what HCS is accountable for.

ACTION: The lack of clarity regarding clinical governance of arrangements of JAS and CAMHS will be discussed at an additional meeting (outside of Board).

15	Acute Medicine	Action

AN introduced himself to the Board and members of the observing public: Chief of Service for Medicine and ED Consultant. The paper details some of the actions taken in response to the Invited Review from the Royal College of Physicians (RCP). The immediate actions have been completed and the medium to longer term actions are ongoing. Work is required in relation to culture, governance, education and retention of staff.

As this is a monthly paper to Board, CT stated that there may not be significant change in completed recommendations from month to month. However, key to supporting the care group is the additional improvement capacity. An experienced senior nurse in safety improvements has joined the team with an initial focus on evidence of completed actions which will feature in future reports.

HMT specifically asked about Consultant input to acute medicine i.e. is there daily Consultant presence on the wards looking after acutely ill patients? Are nursing and medical staff of sufficient seniority seeing the patients sufficiently frequently as this has a direct effect on patient safety and productivity? This also links to job planning – is it clear whether there is the correct presence on the wards? This work may indicate that HCS does not have the correct number of doctors and nurses however, it is important to establish the current position. SMK confirmed that care of acutely unwell medical patients is not as it should be, and this is a long-term problem, dating back to at least 2014. There is not enough time in the Consultant job plans to cover the work, most of which is covered by locums. Consistently good care is provided by substantively appointed Consultants and relevant nursing staff. However, the medical model is progressing, and an update can be provided in January 2024. Recognising that the work will not be completed by January 2024, HMT asked for the report to state exactly what needs to be done to provide modern acute care.

ACTION: The board is to receive an update on the medical model in January 2024. To include work that needs to be done to provide modern acute care.

ACTION: The board is to receive the action plan for acute medicine clearly stating which Executive Director(s) is accountable for the action and timescales.

JG stated that this issue is rooted in the specialisation of general physicians and so far, a sustainable model has not been found in Jersey. However, the proposed medical model to resolve this is likely to require a substantial investment and will require the endorsement of the Board before going to the States Assembly and States Employment Board (SEB). SMK noted this will require a cultural change as Jersey requires a good general medical service and some of the more specialist services can largely be contracted out and delivered in other ways. The RCP report is clear that this is what the focus of the medical unit needs to be, however this has not been the internal culture of the medical unit for some time. The Executive Directors will require the support of the Board through this culture change as it may not be welcome by all and is why the change has not occurred before now.

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CG advised the Board that the NEDS give their full support to deliver joined up healthcare in Jersey, particular acute medical care, in a different way to make sure that everybody receives safe care not only when acutely unwell but also when they have chronic morbidities. CG noted her commitment at interview for the NED post was that as a single Island, Jersey has the potential to be the best healthcare system in the world.

16	Maternity Improvement Plan (MIP)	Action

As (Interim) Chief of Service for Women, Children and Family Care, DH in attendance. Paper taken as read and the improvement plan continues as previously presented at Board. Key points highlighted,

- Additional recommendations have been closed since this paper was submitted.
- Regarding exceptions, work continues to change the culture. Multi-disciplinary training sessions have been established, particularly around skills and drills and emergency pathways to provide assurance that all staff are working effectively in emergencies.

HMT noted that his two mains area of concern are acute medicine and maternity as these carry the biggest clinical risks.

Moving forward, CS stated there has been a positive move to report any form of safety incident in maternity and progress through to resolution. Noting that MOH is a consequence of high-risk pregnancy, the key issue is that these are identified early so steps can be taken to protect women and babies. The aim of the thematic review is to identify any outstanding key themes or trends. The MIP has shown that there are actions to be undertaken and these have been taken with processes to follow these through to achieve expected outcomes. The maternity newsletter ensures that all those in service delivery are aware of the plan and how it is progressing.

DH confirmed that the national guidance is being followed for the management of MOH and there is a much more proactive identification of risk earlier to prevent sequelae.

CG asked if there is 24-hour consultant presence on the labour ward as this is the gold standard set by the Royal College of Obstetricians and Gynaecologists (RCOG). However, due to the low number of births in Jersey this is not practical, and mitigations include the presence of an experienced middle grade doctor on site 24 hours day and a very low threshold for escalation so that senior staff are called in very quickly. Consultant presence is maximised (12-13 hours per day). CB stated that it is important to not only ensure there is an appropriate escalation policy in place but that the culture facilitates the escalation policy being followed.

The middle grade doctors are accredited in-house i.e. they are directly observed in practice by consultant through a large number of cases before they can work independently on the on-call rota.

HMT asked to what extent the Board can be assured that the mitigation in place is effective as the low number of births means that HCS must do everything possible to make maternity services as safe as possible. DH responded that good assurance is provided through exception reporting and the culture aspects are embedded in all training. CS asked the board to note that attendance on labour ward both routinely and in an emergency situation is monitored and escalated.

In response to questions regarding stillbirth reporting, DH advised these are reported both locally and nationally.

ACTION: Progress against the maternity improvement plan to continue monthly.

PA noted that the specialisation in either obstetrics or gynaecology could be a challenge for Jersey. However, the advice of an external expert is sought as to what the future workforce model could look like.

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17	Infection Prevention and Control	Action
Paper taken as read. Key points highlighted, - The overall target rate is 75% in line with other UK organisations. - The vaccination campaign continues with both mobile and static clinics across various sites in HCS. - Weekly communications are sent to staff and information is provided at staff entrances to HCS sites. - Flu vaccination uptake has increased to 986 staff (31%) although there is still room for improvement. - Covid vaccination uptake is 815 staff (25%). This is an increase compared to the same period for last year when vaccination completion rate was 14%. - The vaccination programme has been extended from the end December 2023 into mid-January 2024. This will be subject to further review in mid-January 2024. Recognising that HCS is not responsible for childhood vaccination, CG advised she was informed yesterday that 98% of children in Jersey are vaccinated against MMR and acknowledged this must be one of the world's best rates and congratulated the GPs for this. The rate in CG's borough in London is 60% and measles is emerging. HMT suggested that the flu / covid vaccination rates are worryingly low, and JM confirmed that much improvement is required to reach the target of 75%. HMT asked JM if there was confidence that this target would be reached, and JM responded that a new Lead Nurse for Infection Prevention and Control (IPAC) is starting Monday 11th Dec and other ways to attract staff to get vaccinated will be explored. JG asked if staff are incentivised to have the vaccinations although recognised that doing the right thing to protect themselves and patients should be incentive enough. ACTION: JM will explore staff incentives to increase vaccination rates. Update on flu / vaccination rates to be provided at the Board in January 2024.	

18	General Surgical Rota	Action
PA advised that the terms of reference have been agreed for the Royal College of Surgeons (RCS) review and now waiting for the RCS to provide a start date. CB noted this highlights the ongoing subspecialisation that presents enormous challenges for small healthcare jurisdiction like Jersey, particularly when covering on-call rotas. It also highlights the need for networks and partnerships with larger centres to ensure that Jersey can provide high quality care. In practical terms, HMT noted Jersey is not that different to a small hospital in the UK and the way of managing this is well understood – by networking these services with major centres that allows well-functioning multi-disciplinary teams, expert views on sub specialised topics and rotation of staff. These possibilities must be explored as the idea that Jersey can provide standalone safe clinical care across a wide range of conditions is unrealistic. CG suggested it may be useful to explore some key clinical areas in board workshops (working with primary care), for example, stroke and diabetes. HMT in support of this, especially as the interface with primary care and social care ought to be easier on an Island. SMK advised that although there are not many people that require tertiary care, those that do require this level of care should go to a specialist who works within a specialist unit; there is good evidence to support this model, and this is normal practice in other places. ACTION: The board to see the RCS review terms of reference at the board meeting in January 2024.	

19	Freedom to Speak Up (FTSU) Guardian (FTSUG)	Action
HMT introduced the FTSU role as recently established (January 2023) and introduced Ashling McNevin as the FTSUG. It was agreed that this role should regularly meet with an independent		

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NED (previously only the Chair). The initial focus of the work has been to lay the foundations and build the structure of what is needed for staff to feel safe to speak up.

- Sixty-three individuals have approached the FTSUG since Match 2023.
- Categories are reported in line with the National Guardian's Office and the themes emerging in Jersey align.
- To-date, forty cases have been investigated and closed with positive outcomes for members of staff and the organisation.
- Learning will inform the Culture Plan for 2024.
- Twenty-five cases are currently active.
- During the early stages of service development, all reports are escalated through to the Senior Leadership Team (SLT) so there is an understanding of concerns raised.

Reflecting on experiences from other areas, CG stated that the FTSUG function is the single most important function driving improvement across organisations. Further investment for other FTSUG / ambassadors should be a consideration.

CB noted it is very encouraging to see that staff are speaking up, particularly as many of the cultural challenges are long-standing.

HMT advised that the organisation is receiving clear feedback from this service with consistent themes, particularly around culture and the need for change in behaviour.

20	**Cultural Change Programme: Improvement Plan**	**Action**

Paper taken as read. Following the FTSUG report, CP reported that data from other sources (BeHeard Survey, Complaints, Listening Events, Wellbeing) confirms that HCS is facing significant cultural challenges. A list of actions has been compiled following feedback and a Cultural Change Plan developed incorporating both cultural and people elements (contributed to by the Associate Director of People). The plan contains measures that can be used to evaluate the impact of the plan. It is recognised that cultural work is difficult and will take time however, the start of this change can be seen in particular areas, for example maternity.

ACTION: Progress against the Cultural Change Plan to be reported to Board in 3 months' time (March 2024).

JG stated that this work and the work of the FTSUG are establishing a new way of leadership and behaviours across HCS. Noting that the plan is comprehensive, JG asked if it can be delivered without additional resource. Secondly, JG asked if the patient voice features as part of this. CP advised that the patient voice is not a strong feature of this plan but can be considered for inclusion. Currently the patient voice is captured through feedback, the Patient Panel and Picker Surveys. HMT will be speaking to the facilitator for the Patient Panel later this week to discuss the relationship with the culture work and for the NEDs to meet with the Patient Panel early in 2024.

BE suggested two metrics that should be straight forward to track. Firstly, the number of staff cases that have gone forward into more formal cases and secondly, the conduct (tone) of clinical investigations i.e. what are the circumstances in which this incident occurred, rather than who is responsible for this incident.

CB advised that the issues of clinical quality and finance are symptoms of the culture of HCS and wider GOJ and is therefore fundamental to driving improvements.

Having had discussions with CP, HMT is confident that the proposed metrics are sufficiently robust to track change in culture (change in behaviours). Secondly, the evidence is clear, if behaviours are poor, patient care is poor. Reflecting on a similar discussion at the recent board workshop, HMT advised that the Board has a responsibility to model good behaviour for the organisation as this will have a direct positive effect on the care of patients.

AH stated he would like to understand more about how managers are responding to this, noting it can feel threatening as there are likely to be some issues that have been raised that are not

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appropriate. HMT in agreement that whilst not everyone speaking to the FTSUG is necessarily making a point that is fair and / or reasonable, what HCS must do is listen to and respond, even if the response is not to the reporting individual's satisfaction. In response to CG's query regarding anonymous reporting, AMN confirmed the opportunity to do this exists for individuals, but it has not been used so far.	

21	Questions from the Public	Action
No pre-submitted questions. HMT asked the members of the public if they had any questions relating to agenda items. <u>Member one</u> The turnaround team were thanked for their work as it is felt that they have all made a real difference. Whilst the team were initially recruited on a one-year fixed term contract, is there an update as to whether these have been extended? CB confirmed that currently looking to extend the contracts of the change team and how their skills could be deployed to best effect during 2024. The States Employment Board are supportive of this. <u>Member two</u> Member two asked why her emails and telephone calls have not been responded to. HMT confirmed that he will revert as to the specific issues raised (prior to the meeting) however, there is a broader issues as to the lack of perceived responsiveness. Member A to send all relevant correspondence to CB and a meeting will be facilitated with PA. <u>Member three</u> HMT was thanked for his contribution to HCS to-date. HMT responded with thanks for this feedback and stated that he was confident that those in HCS will continue the work required. HMT thanked member three for his attendance in supporting the board to improve the quality of care to people in Jersey. HMT noted that although this is the third meeting, there is a tangible improvement in the function of the Board and that staff across HCS are committed to improving care.		

	MEETING CLOSE	Action
Date of next meeting: Thursday 25th January 2024		

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	A	B	C	D	E	F	G	H	I	J	K
1	HEALTH AND COMMUNITY SERVICES ADVISORY BOARD - ACTION TRACKER (OPEN)										
2											
3	**Action Number**	**Meeting Date**	**Agenda Item**	**Agenda Description**	**Action**	**Accountable Executive**	**By When**	**Progress report**	**Escalated to / when?**	**Action Closed Date**	**Status**
4	109	06-Dec-23	19	Cultural Change Programme	Progress against the Cultural Change Plan to be reported to Board in 3 months' time (March 2024).	Cheryl Power	Mar-24				Future Agenda
5	108	06-Dec-23	18	General Surgery	The board to see the RCS review terms of reference at the board meeting in January 2024.	Patrick Armstrong	Jan-24	Update 18 Jan 2024 Awaited.			Future Agenda
6	107	06-Dec-23	17	Infection Prevention and Control	JM will explore staff incentives to increase vaccination rates. Update on flu / vaccination rates to be provided at the Board in January 2024.	Jessie Marshall	Jan-24	Update 18 Jan 2024 Included in Chief Officer Report			Todays agenda
7	106	06-Dec-23	16	Maternity Improvement Plan (MIP)	Progress against the maternity improvement plan to continue monthly currently.	Patrick Armstrong	Jan-24	Update 18 Jan 2024 Included in Chief Officer Report for Jan 2024			Todays agenda
8	105	06-Dec-23	15	Acute Medicine	The board is to receive the action plan for acute medicine clearly stating which Executive Director(s) is accountable for the action and timescales.	Claire Thompson	Jan-24				Future Agenda
9	104	06-Dec-23	15	Acute Medicine	The board is to receive an update on the medical model in January 2024. To include work that needs to be done to provide modern acute care.	Claire Thompson	Jan-24				Future Agenda
10	103	06-Dec-23	14	Serious Incident (SI) Position Statement	The lack of clarity regarding clinical governance of arrangements of JAS and CAMHS will be discussed at an additional meeting (outside of Board).	Chris Bown	Feb-24				Future Agenda
11	102	06-Dec-23	14	Serious Incident (SI) Position Statement	HMT noted the monitoring of compliance in maternity services is encouraging and asked that the Board receives an outcome of this work at a future meeting (February 2024).	Patrick Armstrong	Feb-24				Future Agenda
12	101	06-Dec-23	13	Winter Plan 2023	Update on the success of the winter plan in Feb 2024.	Claire Thompson / Andy Weir	Feb-24				Future Agenda
13	100	06-Dec-23	12	Medical Job Planning	Monthly update to the board on progress towards the completion of job planning by March 2024.	Patrick Armstrong	Jan-24	Update 18 Jan 2024 Included in Chief Officer Report			Todays agenda
14	99	06-Dec-23	7	Quality and Performance Report	Deeper analysis of VTE assessment (ward by ward) to be presented to the appropriate assurance committee (and subsequent board report) in January 2024. Areas of non-compliance to be listed.	Jessie Marshall / Patrick Armstrong	Jan-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			Future Agenda
15	98	06-Dec-23	7	Quality and Performance Report	The Board is to receive a paper with the list of Procedures of Low Clinical Value, the number that are carried out and an audit of when these have been carried out. Areas of non-compliance should be listed – February 2024.	Claire Thompson	Feb-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			Future Agenda
16	97	06-Dec-23	6	Chief Officer's Report	HMT asked for a report detailing those areas where comparisons will be made (through the National Audit Programme) – January 2024.	Patrick Armstrong	Jan-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			Future Agenda
17	96	06-Dec-23	6	Chief Officer's Report	The board to receive a report indicating progress on increasing the number of ACPs (March 2024).	Jessie Marshall	Mar-24				Future Agenda
18	95	1st Nov 2023	17	Safeguarding Report	The Safeguarding Audit results to be presented to Board in February 2024	Andy Weir	Feb-24				Future Agenda
19	93	1st Nov 2023	19	Questions from the public	HMT requested a paper explaining where all the delays occur in the discharge process, including hospital pharmacy versus community pharmacy.	C. Thompson, A. Weir	Jan-24				Future Agenda
20	88	1st Nov 2023	9	Workforce Report Month 9	SG to include the data from the independent exit interviews in future workforce reports (March / April 2024).	Steve Graham	March / April 2024				Future Agenda
21	86	1st Nov 2023	7	Quality and Performance Report Month 9	PA / CT to provide a separate briefing paper detailing the funding issue regarding the Community Dental Scheme and what the implications are.	Claire Thompson	Jan 2024 ~~01/12/2023~~	Update 18 Jan 2024 Not been discussed at SLT yet. Update 6 Dec 2023 A paper is required for the HCS Senior Leadership Team to consider first and then Board in January 2024. In response to JG's question, CT confirmed that multiple discussions have been held with Customer and Local Services (CLS). Remain OPEN (for future agenda).			Future Agenda - Feb 2024
22	85	1st Nov 2023	7	Quality and Performance Report Month 9	Elective Theatre Utilisation to be split according to public / private	Claire Thompson	Dec-23				For discussion
23	79	1st Nov 2023	4	Picker Survey	A further verbal update can be given at the Board in December 2023 (link to action 59).	Jessie Marshall	March 2024 ~~01/12/2023~~	Update 6 Dec 2023 JM confirmed that the current survey will close mid-January 2024, with preliminary information received during February 2024 and the final report in March 2024. The Picker Institute will attend the Board meeting during March (if requested) to provide feedback. In addition, this can also be presented to the Patient and Public Engagement Panel. Remain OPEN (for future agenda March 2024).			Future Agenda - March 2024
24	77	1st Nov 2023	4	National Institute for Health and Clinical Excellence (NICE) / Royal College Guidelines	PA / JMa to present the progress of this work to the Board and what extent the Board can be assured that compliance is occurring. To include guidance for other professions (Link to action 64).	Patrick Armstrong / Jessie Marshall	01-Jan-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			Future Agenda
25	76	1st Nov 2023	4	Management of Incidents of Racial Abuse	Prosecution Policy to be presented to the Board (link to action 70).	Andy Weir	01-Feb-24				Future Agenda

	A	B	C	D	E	F	G	H	I	J	K
26	74	04-Oct-23	27	Statutory and Mandatory Training Needs Analysis	An update to be provided to the Board in January 2024	A. Weir / J. Marshall	Jan-24	Update 18 Jan 2024 Included in Chief Officer Report			Todays agenda
27	73	04-Oct-23	25	Management of Policy Documents and Procedural Guidelines	A position statement to be presented in January 2024 regarding the suite of corporate policies that help to provide assurance that HCS is safe, well-led and effective.	C. Bown	Jan-24	Update 18 Jan 2024 Planning for Assurance Committees in February 2024			Future Agenda
28	72	04-Oct-23	24	Mental Health and Capacity Legislation – Report from the Multi-Agency Assurance Group	It was agreed that this report is presented to Board on a 6 monthly basis (March 2024).	A. Weir	Mar-24				Future Agenda
29	71	04-Oct-23	23	Update on the 61 recommendations from the Review of Governance Arrangements within Secondary Care (2022) by Professor Hugo Mascie-Taylor	Quarterly report Update on the 61 recommendations from the Review of Governance Arrangements within Secondary Care (2022) by Professor Hugo Mascie-Taylor to be presented to the Board.	A. Muller	Jan-24	Feb 2024 agenda			Future Agenda
30	68	04-Oct-23	20	Appraisal and Revalidation for Doctors – Position Statement	The Board to receive an update in January 2024.	P. Armstrong	Jan-24	Update 18 Jan 2024 Included in Chief Officer Report			Todays agenda
31	52	04-Oct-23	8	Quality and Performance Report Month 8	Executive Directors to review the current suite indicators, standards set and quality of data to provide assurance that the data is meaningful and directs activity (date to be advised by CB).	C. Bown	January 2024 ~~01/11/2023~~	Update 1st Nov AM stated that the metrics for 2024 are under review with the support of the change team. Following the internal governance process, the proposed suit of metrics will be presented to the Board in January 2024 for approval.			Todays agenda
32	31	10-Jul-23	13	Finance Report – Month 5	HMT and CB will discuss the lack of budgetary information available to budget holders with KPMG.	H. Mascie Taylor / Chris Bown	Feb 2024 ~~December 2023~~ ~~01/10/2023~~	Update 6 Dec 2023 It is anticipated that budget holders will have electronic access to their budgets in Jan / Feb 2024 (Q1 2024). To mitigate the risk, the finance business partners provide manual reports to the care groups monthly and accountable officers are held to account through the performance reviews. For a further update in February 2024. Update 4 October 2023 OH explained that the lack of budgetary information available to budget holders has been tracked over the last six months. Following the implementation of the new system, access rights were changed. The HCS finance team have been told that work to resolve this has been delayed with a revised timeframe of Quarter 1 (Q1) 2024. The HCS Finance Business Partners have limited access, it is the wider access across HCS that will take time. CB noted this was not a satisfactory position. To mitigate the risk associated with this lack of access, the finance business partners download the information and produce reports for budget holders. However, this is an inefficient (manual) process. OH provided assurance that there is a process in place to hold budget holders to account for management of their budgets including weekly meetings with the care groups and the care group performance reviews. The Board asked to be provided with an update at the meeting in December Remain OPEN.			Future Agenda - Feb 2024

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25th January 2024		
Title of paper:	Chief Officer Report		
Report author (& title):	Chris Bown, Chief Officer HCS	**Accountable Executive:**	Chris Bown, Chief Officer

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	The Chief Officer report provides, • a summary of key activities for Health and Community Services (HCS), • an overview of HCS' performance since the last Board meeting, • a summary of key issues, some of which are presented in more detail through the relevant board papers. The Board is asked to note the report.	Information	X
		Decision	
		Assurance	
		Update	X

2. Executive Summary

The Chief Officer report provides a summary of key activities for HCS and an overview of HCS' performance since the last board meeting.

3. Main Report

Quality Account

The HCS 2023 Quality Account is currently being drafted. Triangulation of data, and learning from incidents, serious incidents, complaints, litigation and Jersey Nursing Assessment and Accreditation System (JNAAS) has occurred; and Executives, Care Group Leadership, Chiefs of Services and the Senior Leadership Team (SLT) have been consulted on their priorities for 2024.

Seven recommendations were identified under the domains of Patient Safety, Patient Experience and Clinical Effectiveness. This year we have added an additional domain of Staff Wellbeing.

The Quality Account for 2023 will have two additional sections to the 2022 account, which will be Safeguarding and Pharmacy/Medicines Optimisation. It is due to be published on 31 March 2024. The account demonstrates our commitment to provide islanders with the best quality healthcare services. It also encourages transparency about our service quality and helps us to develop ways to continually

improve.

Quality

December 2023 saw a marked decrease in the number of complaints received compared to previous months, as several enquiries could be managed as PALS queries and therefore did not require escalation to the formal complaint stage. There has been a focus on closing historically overdue complaints during December and 28 complaint cases were closed.

Avoidable harm indicators for falls show a continued reduction in harm, due to an increase in education and training. Regrettably, there has been an increase in the number of hospital acquired pressure damage. The tissue viability team continue to work alongside colleagues to provide education and training of staff and patients. Analysis of the data does not show that there is any one ward with a high incidence of pressure damage. There remains a focus on improving nutrition and hydration whilst in hospital to optimise patient recovery and reduce length of stay. The dietetic team continue to audit the Malnutrition Universal Screening Tool (MUST), which is in use across all inpatient wards.

Clinical Governance

There are currently 40 Serious Incidents (SI's) open, of which 28 are overdue. During December, nine Serious Incident investigations were presented to Serious Incident Review Panel, nine were closed with their recommendations accepted. Seven new SI's were declared in December 2023.

The HCS Mortality Strategy has been completed and is being sent out for consultation. A pilot of Mortality Learning Reviews has commenced looking at the 24-hour period prior to patients having an in-hospital cardiac arrest, all unexpected deaths and peri-arrests that died during their admission to hospital in 2023.

The Care Group Governance meetings and Lead Nurse meetings have now been running for three months and have demonstrated an increase in handlers allocating investigators to patient safety events sooner and in the time an investigation is taken place and finally approved. The number of overdue patient safety events has reduced.

The position of Head of Quality and Safety has now been substantively appointed to.

Maternity Improvement Plan

The Maternity Improvement Plan, launched in June 2023, aims to enhance Jersey's Maternity Services by addressing 127 recommendations from reports since 2018.

Last month's progress includes a further 3 completed recommendations covering escalation processes for aggressive patients, ensuring a tidy and calm ward environment, and embedding of clear lines of communication, training and policies for Post Partum Haemorrhage and Massive Obstetric Haemorrhage. A total of 87 out of 127 recommendations have been identified by Women and Childrens Senior Leadership Team as complete.

Recent progress includes:

1. Draft report received from Birthrate Plus regarding workforce.
2. Key culture improvement events commenced in January.
3. Ongoing discussion with SHIP (Southampton, Hampshire, Isle of Wight, Portsmouth) regarding alignment of professional practice, to commence in February.

4. Development of communications with Maternity Staff to enable the co-design of the Maternity Strategy; and
5. Development of the Maternity Dashboard, with 2024 dashboard to be completed in January.

Acute Medicine Improvement Plan

Following a visit from the Royal College of Physicians (RCP), HCS are working to respond to 26 recommendations. Currently four of these recommendations are identified as complete. The action plan is reviewed monthly at the senior leadership Change Board Programme (CPB) meeting.

Work to develop the medical model, with the required investment, continues to be progressed by the SLT, but it is recognised that there is much still do to improve acute medicine. External expertise from a Consultant Physician is still being utilised to provide guidance and assessment against the progress of recommendations.

Waiting Lists

At end-2023, progress had been made in reducing the waiting lists in some acute and community specialities. Diagnostics saw improvement in both Endoscopy (1170 October 2023 to 796) with notable improvements in MRI access.

The Community Dental waiting list has reduced from 1897 to 533 and reductions in both Trauma and Orthopaedics (T&O) and Ophthalmology were noted in Month 11 reporting. Inpatient and outpatient activity was reduced in December as planned due to Bank Holiday period impacting normal working days.

Further plans to recover acute specialities will be implemented in Q1 2024. Procurement capacity is critical to support the delivery of the waiting list recovery plan alongside recruitment, as we move into 2024.

The Board will need to remain focussed on this area of performance throughout 2024.

Infection prevention and Control (covid / flu vaccination update)

The influenza campaign for healthcare staff commenced in September 2023 and has followed a combination of a peer vaccination utilising bank staff, roaming clinics and static clinics. The static clinic will stop at the end of January due to room requirement, but the roaming clinics will continue until the end of March 2024 as required. An incentive of a coffee voucher has been utilised this year.

The below table shows the number HCS staff who have received Flu and/or COVID vaccinations in 2023 and 2024.

Total Number of Flu & COVID staff Vaccinations given in HCS total to date (16/1/2024)			
Vaccination	Total	Average % of Staff (3,200)	Comparison last year- completed by Jan 2023
Flu	1,103	34%	34%
Covid	731	23%	14%

Our aspiration is to increase uptake for 2024/25, which will be achieved by:

- Providing additional incentives for staff.
- Having a dedicated vaccination team to enable roaming to clinical areas.
- Obtaining a breakdown of compliance per department to target vaccination in areas of low uptake with feedback to individual departments, with anonymous / non-anonymous publication of results; and
- Utilising the communication team to share compliance uptake/ risks of getting flu / long covid / promote flu / covid vaccination clinics etc.

Finance

Due to extended finance and Treasury processes required at year-end, the M12 Finance Report will be available on completion of this and be reported at the February Board meeting.

Medical Job Planning

Further advice has been received from both the medical lead of the change team and from human resource experts advising the Financial Recovery Plan following significant concern over the quality and consistency of job plans.

There is a lack of activity data available to inform job planning and a lack of meaningful objective setting within current job plans. This means there is a lack of assurance that the job plans represent value for the organisation. In addition, the use of Time of in Lieu (TOIL) to reflect on-call commitments makes job planning difficult because of the significant amount of time this can represent within an individual job plan in specialties with high frequency on-call. There has been a temporary pause agreed in job planning to allow further training for all those involved in agreeing job plans and whilst appropriate activity data is gathered to inform the job plans moving forward. More progress is needed to resolve this issue.

Appraisal and revalidation for doctors

At the end of last year, the Appraisal Process was reviewed by the South-West Higher Level Responsible Officer's Group. They made a number of recommendations which have been accepted. In addition, the General Medical Council (GMC) have requested that the role of Responsible Officer (RO) should become the responsibility of the Medical Director. From March 2024 the current Responsible Officer will step aside and hand over the role to the Medical Director.

The Medical Director will appoint an Appraisal Lead from the Consultant body to assist him and will set-up a wider Responsible Officer's Action Group made up of senior appraisers to help oversee a high standard of appraisal within the organisation. We are actively seeking an external partner to support with appraisal and will move to a system where we have a mixture of internal and external appraisers. It is the intention of the GMC to audit the standard of our appraisals later in 2024.

Cultural Change

Engagement and listening events have continued for all HCS staff and I have met many staff to discuss their experiences over the last month.

Aligned with the BeHeard 2023 survey results, leadership development across all levels in HCS will be prioritised and a programme will commence in February 2024 with the Executive Team.

As part of the HCS culture change plan, and the importance of strengthening behaviours of respect and kindness, a well-attended launch of the Civility Saves Lives programme took place in January as part of

several Equality, Diversity, and Inclusion initiatives. In addition, some targeted Civility Saves Lives sessions have been held for services with particular challenges.

As part of a festive prize draw during December, a significant number of HCS staff (454) sent messages of praise to their HCS colleagues including recognition of the work they do for HCS. This is a positive indicator.

Racial Equality Week - February 5th to 11th

Working closely with staff from different backgrounds in HCS, we are working towards being an anti-racist organisation in line with many other parts of the world, to ensure that we care for our staff as well as deliver the best care for islanders. This will be done through initiatives in 2024 and beyond, with commitment from the Senior Leadership Team (SLT), HCS Advisory Board (the Board). This will start with the recognition of the Race Equality Week in February (5^{th} – 11^{th}), and a survey to gain better intelligence about peoples experience of racism and discrimination in the organisation. This will support HCS develop an Anti-racism statement and develop targeted training to contribute to cultural change.

Diversity and inclusion are at the forefront of HCS' 2024 plans, as we acknowledge the many cultures that contribute and enrich our workforce as well as embedding cultural change.

Workforce

Recruitment activity has successfully increased the staff in post in HCS by over 200 Full Time Equivalents though 2023 across all staff groups.

As expected, December was a low activity recruitment month, so the vacancy rate has remained stable at 16% and the voluntary turnover rate has remained stable at just over 4%. There has been a slight increase in sickness absence due to an increase in colds, coughs and flu.

Information on the Nurses and AHP recruitment pipeline indicate over 90 candidates are in the clearance process or contract issued stage and so likely to join in the next 3 months. This is clearly positive news.

Statutory and Mandatory Training Needs Analysis

The Statutory and Mandatory training framework that was agreed by the Board last year is now beginning to be implemented through the introduction of a comprehensive training week for all new staff. The Training week covers an induction and completion of all required training on starting employment. This is being coordinated by a small group of staff, and the first (pilot) week will run in February. The more challenging task is ensuring all current staff are up to date against the new framework and it is recognised this will take some months to complete.

Staff Engagement and Achievement

Recent staff engagement and recognition achievements, includes:

- A HCS Festive Prize Draw launched in December involving 454 HCS colleagues praising their colleagues and winning prizes.
- A breakfast with the Chief Officer was held in December involving ten invited HCS staff who were recognised by colleagues for an achievement in the workplace.

- CAST (Centre for Anxiety, Stress and Trauma) sessions were held to support HCS colleagues psychologically in a response to the numerous traumatic and distressing events that they may have been directly or indirectly involved in.
- A Preventative Cardiology nurse was appointed.
- The Diabetes Team celebrated winning the DESMOND Innovation Award.
- The team celebrated the opening of the refreshed Beauport Ward.
- HCS welcomed Interim Chief Executive of the Government of Jersey and Head of the Public Service, Andrew McLaughlin for a meeting with the senior leadership team and a tour around Jersey General Hospital to meet frontline healthcare staff.
- A HCS colleague from Jersey Hospital Pharmacy completed the Independent and Supplementary Prescribing course provided by UWE Bristol University This has been the first hospital pharmacist to complete this course and become an Independent Prescriber.
- Our Outpatients Department team helped an internal creative Christmas competition and decorated the area to welcome patients.
- The Emergency Department introduced a new sign to help educate Islanders on what ED is for.
- Chief Officer, Chris Bown, visited the HCS catering teams in various community estates and Enid Quenault Centre to find out more about colleagues' work.
- HCS celebrated the colleagues who completed the Transformational Commissioning Academy.
- HCS colleagues at Maison Le Pape fundraised over £800 throughout 2023 for various charities.
- Staff achievement across HCS continues to be celebrated through the Monday Message and Wow Wednesday newsletter.

New Healthcare Facilities Programme (NHFP)

The acute hospital is now at the concept design phase.

In December 2023 and January 2024, the clinical adjacencies in the proposed build have been tested across several clinical teams to ensure all teams are happy; with feedback being very positive. HCS staff briefings are organised for the end of the month and into February. The NHFP team are regularly invited to attend staff meetings to share progress, which they are always happy to support.

The Acute Functional Brief has been approved by the Clinical Operational Client Group with feedback incorporated.

Structured patient and staff questionnaires for those working at and using the new Enid Quenault Health and Wellbeing Centre are underway, with outputs to be collated at the end of January and these will be reported to a future Board meeting.

Demolition at Overdale is well underway and formal arrangements are progressing regarding the lease of the facility identified to house rehabilitation services. The planning assumption is that this relocation takes place in March 24.

4. Recommendation

The board is asked to note the report.

END OF REPORT

Health and Community Services

Quality and Performance Report December 2023

Government of Jersey

INTRODUCTION

The Operations, Performance & Finance Committee obtains assurance that high standards of care are provided by Health and Community Services (HCS) and in particular, that adequate and appropriate governance structures are in place.

PURPOSE

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence to the committee that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives. Where performance is below standards, the committee will ensure that robust recovery plans are developed and implemented.

BACKGROUND

The Operations, Performance & Finance Committee has been established by the Health and Community Services Board and is authorised to investigate any activity within its terms of reference.

SPONSORS:

Interim Chief Nurse - Jessie Marshall

Medical Director - Patrick Armstrong

Chief Operating Officer - Acute Services - Claire Thompson

Director Mental Health & Adult Social Care - Andy Weir

DATA

HCS Informatics

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EXECUTIVE SUMMARY

The Quality & Performance Report is designed to provide assurance in relation to Health and Community Services' performance. Indicators are chosen that are considered important and robust to enable monitoring against the organisation's objectives.

General & Acute Performance

Month 12 saw a slight in month increase but levels of activity comparable to earlier in 2023. Minimal increase in emergency admissions. The median time that patients are waiting to initial triage is 16 minutes although slightly adrift of 11 minutes standard. Work to review ED staffing, staff utilisation and processes in department are in progress. The department did see an increase of patients waiting over 10 hours in ED. A breach process has been introduced to improve our ability to recover this metric. This will be affected by bed availability but is also reflective of patients without a DTA (decision to admit) and for whom we are trying to return to their place of residence post treatment or support.

Planned care saw a slight increase overall to both the outpatient & elective waiting list as capacity reduced to the bank holiday period. This will be reversed in January through a range of measures. The main area of focus is in the acute subset (ENT, Ophthalmology & Clinical Genetics) and Audiology as the now largest sub set of the community waiting list, post recovery of Community Dental position while the impact of the waiting list recovery schemes delivered in 2023 will recommence in 2024.

Mental Health Performance

Performance across mental health and social care remains relatively stable in December, although there is a reported reduction in achievement of the access targets for both Crisis assessment (77%) and routine referrals (78%). This is being reviewed in detail by the service. Waiting pressures continue in memory assessment and psychological treatment (JTT) both due to service capacity; the Mental Health Senior Leadership Team are seeking to address this in early 2024, although success will require the availability of additional clinical capacity.

Quality & Safety

During December 2023, there was a marked decrease in the number of complaints received when compared to December 2022, many enquiries were able to be managed as PALS cases and were prevented from being escalated to formal complaints. The patient experience team continued to focus on the backlog of overdue complaint cases in month, as such, 28 complaints were closed, with nine new complaints and 54 new PALS enquiries logged during the month. As of the end of December 2023 there were 35 open complaints (Stages 1, 2, and 3) of which 47.8% remained overdue the initial five-day response rate. The focus for 2024 is to ensure that regular contact is made with complainants and that complaints are responded to within an agreed timeframe.

Regrettably December has seen an increase in the number of hospital acquired pressure damage, with 20 category 2 pressure ulcers and 2 deep tissue injuries being reported. All category 2 and above are reviewed by the tissue viability team to ensure accurate grading of pressure damage, formulation of care plans and the use of appropriate pressure relieving devices in place. All wards have recently been provided with additional mattress pumps and pressure relieving cushions to support delivery of patient care. Further analysis of the data does not show that there is any one ward with a high incidence of pressure damage. There remains a focus on staff and patient education and training in the management and prevention of pressure damage.

December saw a significant decrease in the number of falls from 49 in November to 38 in December. Of these 2 were unwitnessed falls resulting in moderate physical harm with the remainder reported as no or low physical harm. There is no one ward or clinical area experiencing recurrent falls. The rate of falls in hospital will be impacted by the number of delayed transfer of care patients.

Infection Prevention and Control (IPAC) continues to demonstrate low levels of infection with targeted work on improving vaccination uptake amongst staff.

DEMAND

These measures monitor demand and activity in Health & Community Services. The information is used to provide contextual information when planning services and interpreting the Quality and Performance indicators in the following sections of the report.

Measure	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Referrals	3332	3837	3622	4812	3731	3787	4197	3945	3734	3836	4413	4324	3699		47656	-14%	11%
General and Acute Outpatient Referrals - Under 18	411	348	432	414	308	307	433	369	320	386	436	425	333		4504	-22%	-19%
Additions to Inpatient Waiting List	451	455	495	571	468	642	694	636	537	622	697	672	559		7048	-17%	24%
Referrals to Mental Health Crisis Team	91	87	83	90	91	93	113	104	100	93	84	108	86		1132	-20%	-5%
Referrals to Mental Health Assessment Team	201	238	216	272	187	229	249	234	321	229	274	270	162		2881	-40%	-19%
Referrals to Memory Service	30	58	43	56	43	29	27	27	40	32	34	27	ND		416	NA	NA
Referrals to Jersey Talking Therapies	74	104	98	133	109	94	105	90	110	122	125	121	103		1314	-15%	39%

ACTIVITY

Measure	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	On Month	YoY
General and Acute Outpatient Attendances	16596	19916	19315	21533	16712	17424	16876	15810	16242	16978	18134	17796	14128		210864	-21%	-15%
Elective Admissions	163	213	233	335	315	263	153	142	119	125	144	149	99		2290	-34%	-39%
Elective Day Cases	532	629	615	701	428	583	549	513	545	529	722	702	493		7009	-30%	-7%
Elective Regular Day Admissions	903	952	884	1064	932	1089	1085	1042	1059	1015	1062	948	601		11733	-37%	-33%
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	268	316	240	245	180	162	160	150	147	144	105	131	119		2099	-9%	-56%
Emergency Department Attendances	3325	3270	2982	3501	3345	3547	3762	3671	3714	3569	3309	3210	3343		41223	4%	1%
Emergency Admissions	571	579	502	571	555	625	591	553	544	542	555	583	595		6795	2%	4%
Admissions to Adult Mental Health unit (Orchard House)	8	16	13	15	10	9	12	15	14	13	12	10	11		150	10%	38%
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	7	5	4	4	5	6	6	11	5	10	9	5	7		77	40%	0%
Maternity Deliveries	63	77	60	68	59	68	53	77	71	64	60	65	59		781	-9%	-6%

WAITING LISTS

Measure	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	On Month	YoY
Outpatient 1st Appointment Waiting List	9245	9036	8571	9044	9296	9814	10917	12668	13077	13398	13162	13563	13640		13640	1%	48%
Outpatient 1st Appointment Waiting List - Acute	7247	7232	6807	7413	7860	8399	9875	11388	11793	12099	11926	12392	12500		12500	1%	72%
Outpatient 1st Appointment Waiting List - Community	1998	1804	1764	1631	1436	1415	1042	1280	1284	1299	1236	1171	1140		1140	-3%	-43%
Diagnostics Waiting List	992	955	908	1030	1025	1027	971	2400	2489	2548	2309	2286	2359		2359	3%	138%
Elective Waiting List	2293	2409	2424	2385	2434	2375	2699	2723	2647	2720	2746	2790	2812		2812	1%	23%
Elective Waiting List - Under 18	87	90	106	101	91	93	100	86	71	79	79	88	80		80	-9%	-8%
Jersey Talking Therapies Assessment Waiting List	145	138	117	157	166	146	132	96	65	122	101	126	122		122	-3%	-16%

QUALITY AND PERFORMANCE SCORECARD

The Quality and Performance Scorecard summarises HCS performance on the key indicators, chosen because they are considered important and robust to enable monitoring against the organisation's objectives. Standards are set based on appropriate benchmarks, e.g. with other jurisdictions, or past performance in Jersey. Where performance is below standards, exception reports are provided. For some indicators, a standard is not considered applicable.

CATEGORY	INDICATOR	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
GENERAL AND ACUTE WAITING LISTS																	
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	43.5%	42.3%	42.1%	38.1%	38.1%	40.5%	40.2%	41.8%	42.5%	45.8%	47.4%	45.9%	48.2%		48.2%	<35%
	% patients waiting over 90 days for 1st OP appointment - Acute	34.2%	34.5%	35.6%	30.6%	32.2%	35.0%	35.8%	39.4%	40.8%	44.9%	47.0%	45.7%	48.1%		48.1%	<35%
	% patients waiting over 90 days for 1st OP appointment - Community	77.2%	73.7%	67.3%	71.9%	70.0%	73.4%	81.7%	63.0%	58.3%	54.0%	51.7%	48.1%	49.6%		49.6%	<35%
Diagnostics	% patients waiting over 90 days for diagnostics	53.6%	55.4%	58.8%	49.6%	49.2%	50.6%	69.8%	70.8%	70.2%	69.2%	68.9%	65.4%	66.3%		66.3%	<35%
Inpatients	% patients waiting over 90 days for elective admissions	50.0%	54.5%	57.8%	56.1%	55.1%	55.7%	58.1%	56.3%	58.0%	58.9%	58.9%	54.7%	56.7%		56.7%	<35%
PLANNED (ELECTIVE) CARE																	
Outpatients	New to follow-up ratio	2.8	2.8	2.8	2.9	2.8	2.9	2.8	2.9	2.8	2.6	2.4	2.6	2.5		2.7	2.0
	Outpatient Did Not Attend (DNA) Rate	7.8%	7.5%	6.8%	6.9%	7.0%	7.4%	13.6%	14.3%	14.2%	14.9%	13.4%	11.4%	12.5%		10.7%	<8%
Elective Inpatients	Acute elective Length of Stay (LOS)	2.3	1.8	1.7	2.1	2.3	2.2	2.5	3.1	3.6	2.8	3.4	2.6	2.2		2.5	<3
	% of all elective admissions that were day cases	81%	80%	79%	78%	75%	76%	75%	74%	80%	75%	78%	75%	80%		77.2%	>80%
	% of all elective admissions that were private	30%	30%	24%	29%	28%	30%	32%	29%	25%	28%	28%	28%	29%		28.3%	>32% and <34%
Theatres	Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	69.1%	74.0%	73.1%	73.6%	78.4%	72.2%	60.3%	61.5%	59.4%	63.5%	65.5%	67.8%	64.4%		66.9%	>85%
	Turnaround time as % of total session time	14.7%	18.3%	19.0%	16.9%	14.7%	14.1%	11.4%	12.3%	11.0%	13.3%	12.6%	11.1%	11.7%		13.6%	<15%

CATEGORY	INDICATOR	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE																	
Emergency Department (ED)	Median Time from Arrival to Triage	10	11	11	10	12	14	26	17	16	17	16	16	16		15	<11
	% Triaged within Target - Minor	51%	51%	52%	54%	49%	43%	26%	43%	46%	44%	46%	47%	47%		46%	>=90%
	% Triaged within Target - Major	61%	60%	60%	64%	58%	56%	31%	42%	44%	46%	43%	45%	46%		49%	>=90%
	Median Time from Arrival to commencing Treatment	40	38	41	38	44	41	60	40	37	33	32	29	32		39	<75
	% Commenced Treatment within Target - Minor	84%	83%	86%	85%	82%	84%	78%	89%	89%	94%	94%	96%	94%		88%	>=70%
	% Commenced Treatment within Target - Major	61%	62%	64%	66%	63%	66%	53%	71%	70%	73%	73%	78%	74%		68%	>=70%
	Median Total Stay in ED (mins)	160	158	148	149	160	156	173	149	146	146	153	150	153		153	<189
	Total patients in ED > 10 hours	69	45	19	55	39	54	58	36	76	72	51	46	69		620	<1
	ED conversion rate	17%	17%	16%	16%	16%	16%	15%	14%	14%	15%	16%	17%	18%		16%	<20%
Emergency Inpatients	Non-elective acute Length of Stay (LOS)	7.4	7.1	7.0	7.1	6.6	6.5	6.1	6.8	7.3	8.8	8.2	6.8	5.7		7.0	<10
	% Emergency admissions with 0 Length of Stay (Same day discharge)	7%	7%	9%	8%	8%	10%	14%	12%	15%	13%	13%	13%	12%		11%	<17%
	Acute bed occupancy at midnight (Elective & Non-Elective)	94%	97%	90%	95%	95%	89%	87%	89%	87%	92%	89%	ND	ND		89%	<85%
	% of Inpatients discharged between 8am and noon	11%	13%	11%	12%	11%	13%	13%	11%	13%	11%	14%	10%	12%		12%	>=15%
	Average daily number of patients Medically Fit For Discharge (MFFD)	31.1	23.2	23.9	31.1	24.2	23.2	ND	ND	ND	57.8	47.7	32.6	39.0		33.6	<30
	Total Bed Days Medically Fit For Discharge	932	718	669	932	702	579	ND	ND	ND	1733	1480	978	1209		9000	<910
	Total Bed Days Delayed Transfer Of Care (DTOC)	622	442	511	628	467	412	ND	ND	ND	ND	919	692	771		4842	NA
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	10%	10%	10%	9%	10%	13%	11%	8%	12%	10%	11%	8%	13%		10%	<10%

CATEGORY	INDICATOR	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
MENTAL HEALTH																	
Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	0.0%	2.2%	1.7%	0.0%	2.4%	3.4%	2.3%	2.1%	1.5%	2.5%	2.0%	2.4%	2.5%		2%	<5%
	% of clients who started treatment in period who waited over 18 weeks	28%	59%	38%	47%	20%	38%	35%	59%	33%	43%	48%	55%	55%		46%	<5%
	JTT Average waiting time to treatment (Days)	102	163	130	141	96	134	154	162	125	152	167	212	185		152	<=177
	% of eligible cases that have completed treatment and were moved to recovery	62%	60%	44%	59%	61%	54%	91%	63%	44%	30%	73%	75%	57%		59%	>50%
	% of eligible cases that have shown reliable improvement	85%	70%	76%	71%	65%	77%	91%	75%	56%	78%	82%	86%	86%		76%	>75%
Community Mental Health Services	Memory Service - Average Time to assessment (Days)	142	126	137	107	126	152	177	182	188	192	194	212	236		169	<138
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	77.1%	84.1%	93.0%	83.3%	87.3%	86.7%	98.5%	84.2%	81.8%	88%	78%	84%	77%		86%	>85%
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	88.2%	83.8%	77.4%	80.4%	89.6%	86.0%	82.1%	77.0%	83.5%	78%	82%	82%	78%		81%	>85%
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	64%	100%	67%	56%	100%	92%	89%	84%	94%	87%	92%	82%	100%		86%	>80%
	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	50%	67%	0%	100%	80%	83%	100%	0%	100%	80%	100%	100%	100%		84%	>80%
	Community Mental Health Team did not attend (DNA) rate	6.6%	6.0%	5.3%	6.0%	7.1%	6.4%	7.0%	5.8%	7.0%	6.4%	6.7%	5.0%	6.7%		6%	<10%
Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	224	229	226	233	229	221	219	220	209	205	202	201	205		205	<255
	Adult acute admissions under the Mental Health Law as a % of all admissions	50%	25%	31%	47%	40%	11%	50%	47%	43%	69%	50%	40%	36%		41%	<37%
	Adult acute bed occupancy at midnight (including leave)	91%	95%	88%	94%	99%	93%	89%	84%	86%	86%	84%	94%	ND		89%	<88%
	Older Adult Admissions per 100,000 population - Rolling 12 month	380	369	379	363	342	362	361	384	353	377	406	375	374		374	<475
	Older adult acute bed occupancy (including leave)	98%	99%	99%	99%	96%	89%	86%	93%	88%	85%	89%	93%	98%		93%	<85%
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health	14	15	14	13	13	15	ND	ND	ND	11	9	15	17		13.49	<13

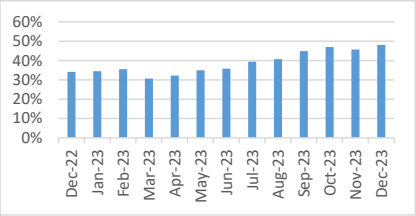
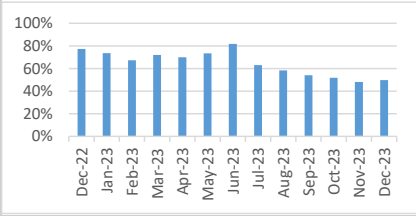
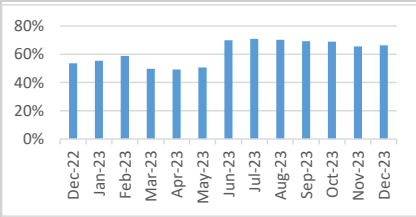
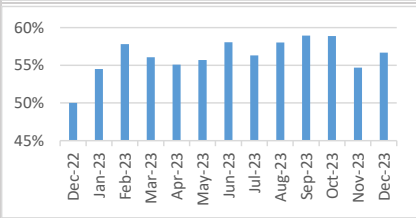
CATEGORY	INDICATOR	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
SOCIAL CARE																	
Learning Disability	Percentage of clients with a Physical Health check in the past year	67%	69%	70%	69%	71%	72%	74%	76%	74%	75%	76%	83%	90%		75%	>80%
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	90%	70%	83%	80%	73%	53%	86%	85%	84%	86%	93%	87%	93%		81%	>=80%
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	46%	40%	67%	71%	50%	47%	56%	63%	63%	60%	65%	56%	56%		58%	>=80%

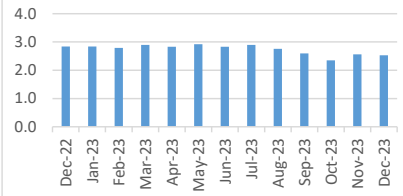
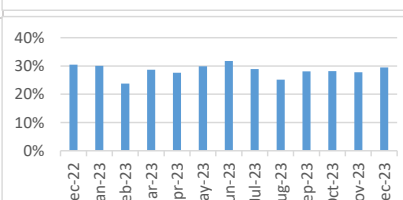
CATEGORY	INDICATOR	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
WOMEN'S AND CHILDREN'S SERVICES																	
Children	Was Not Brought Rate	10.9%	9.5%	8.1%	8.5%	10.6%	11.0%	21.5%	21.1%	20.8%	20.5%	15.2%	14.8%	17.4%		15.1%	<=10%
	Average length of stay on Robin Ward	1.85	1.35	1.56	2.93	1.73	2.74	1.50	1.38	1.39	1.44	1.43	1.90	1.59		1.8	<=1.65
Maternity	% deliveries home birth (Planned & Unscheduled)	3.2%	7.8%	5.0%	11.8%	8.5%	4.4%	7.5%	2.6%	5.6%	3.1%	5.0%	4.6%	0.0%		5.5%	NA
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	28.3%	44.0%	50.0%	46.3%	33.9%	23.9%	40.4%	35.2%	32.4%	34.4%	36.4%	28.1%	19.0%		35.4%	NA
	% Instrumental deliveries	9.5%	9.1%	16.7%	7.4%	15.3%	11.8%	9.4%	6.5%	16.9%	6.3%	10.0%	7.7%	6.8%		10.2%	NA
	% Emergency caesarean section births	25.0%	25.3%	16.7%	16.4%	20.3%	28.4%	9.6%	31.0%	22.5%	15.6%	32.7%	23.4%	19.0%		22.0%	NA
	% Elective caesarean section births	26.7%	29.3%	16.7%	22.4%	23.7%	26.9%	26.9%	23.9%	22.5%	21.9%	23.6%	26.6%	29.3%		24.5%	NA
	% of women that have an induced labour	38.1%	14.3%	26.7%	20.6%	23.7%	35.3%	22.6%	19.5%	28.2%	28.1%	18.3%	29.2%	35.6%		25.0%	=27.57%
	Number of stillbirths	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	Rate of Vaginal Birth After Caesarean (VBAC)	9.1%	5.0%	28.6%	14.3%	28.6%	16.7%	0.0%	20.0%	37.5%	25.0%	11.1%	12.5%	0.0%		14.9%	>15%
	% primary postpartum haemorrhage >= 1500ml	4.8%	5.2%	3.3%	4.4%	5.1%	14.7%	3.8%	3.9%	2.8%	4.7%	10.0%	9.2%	5.1%		6.0%	<=6.75%
	% 3rd & 4th degree tears – normal birth	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	2.9%	9.1%	3.7%	0.0%		1.5%	<2.5%
	% of births less than 37 weeks	12.7%	13.0%	10.0%	13.2%	3.4%	10.3%	0.0%	7.8%	2.8%	3.1%	13.3%	1.5%	3.4%		7.0%	<=6.85%
	% births requiring Jersey Neonatal Unit admission	11.1%	13.0%	10.0%	17.6%	5.1%	8.8%	3.8%	18.2%	11.3%	4.7%	16.7%	9.2%	23.7%		12.0%	<=5.05%
	% of babies that have APGAR score below 7 at 5 mins	2.0%	0.0%	0.0%	1.8%	1.8%	1.8%	0.0%	0.0%	0.0%	2.7%	0.0%	2.5%	0.0%		1.0%	<=1.3%
	Average length of stay on maternity ward	2.20	1.86	2.07	2.21	2.15	2.33	1.43	1.74	1.45	1.58	1.61	1.61	1.60		1.78	<=2.28

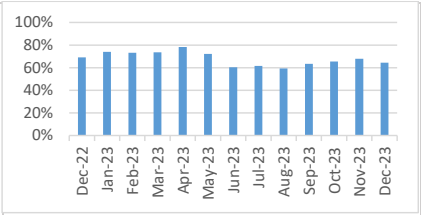
CATEGORY	INDICATOR		Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD	STD
QUALITY AND SAFETY																		
Infection Control	MRSA Bacteraemia	Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
	MSSA Bacteraemia	Hosp	1	0	0	1	1	1	0	0	0	0	0	0	0		3	0
	E-Coli Bacteraemia	Hosp	0	0	0	0	1	1	0	1	0	1	0	1	0		5	0
	Klebsiella Bacteraemia	Hosp	0	0	1	1	0	0	0	0	0	0	0	0	0		2	0
	Pseudomonas Bacteraemia	Hosp	1	0	0	0	0	1	1	0	0	0	1	0	0		3	0
	C-Diff Cases	Hosp	0	1	2	1	1	2	1	1	0	1	2	2	1		15	1
Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		3.0	2.5	2.6	3.1	3.0	4.4	4.1	2.9	4.7	2.8	3.8	2.8	2.3		3	NA
	Number of falls per 1,000 bed days		8.2	6.3	6.4	6.6	6.0	7.3	8.6	7.5	10.0	6.4	5.8	7.2	4.8		7	<6
	Number of medication errors across HCS resulting in harm per 1000 bed days		0.9	1.3	1.0	1.0	0.5	0.7	0.7	0.5	1.4	1.4	0.7	1.5	1.0		1.0	<0.40
	Number of serious incidents		1	2	3	4	7	5	9	4	4	3	6	2	0		49	NA
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		ND	ND	ND	ND	ND	ND	11%	12%	32%	31%	24%	17%	8%		19%	>95%
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		1.74	2.50	2.60	1.39	1.94	1.65	2.70	1.71	1.40	2.96	2.40	1.29	3.48		2.17	<2.87
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		1.39	1.83	1.80	1.04	1.77	0.92	2.34	1.37	1.22	2.44	1.54	0.74	2.26		1.6	<1.96
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		0.35	0.50	0.80	0.35	0.18	0.55	0.18	0.00	0.00	0.17	0.17	0.18	0.70		0.31	<0.60
Feedback	Number of comments received		25	15	8	17	12	27	25	34	22	33	48	51	54		346	NA
	Number of compliments received		96	76	95	60	70	58	63	83	49	182	97	69	63		965	NA
	Number of complaints received		29	55	43	34	35	24	43	37	43	28	40	22	9		413	NA
	% of all complaints closed in the period which were responded to within the target		21%	31%	14%	21%	37%	21%	6%	18%	20%	20%	21%	0%	7%		18.0%	>40%

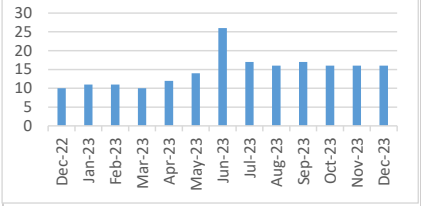
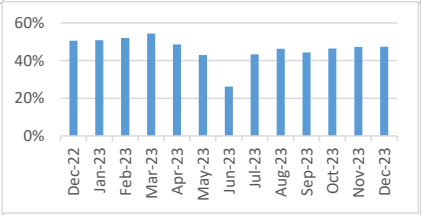
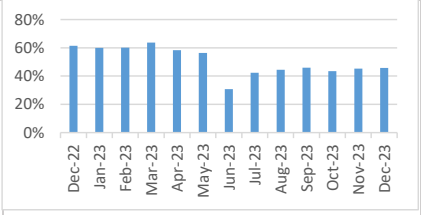
EXCEPTION REPORTS

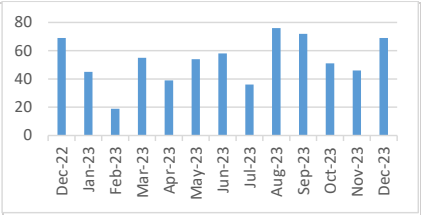
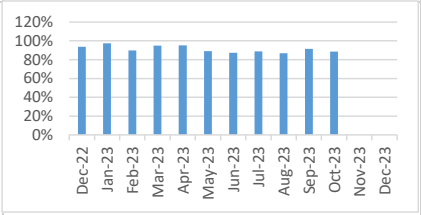
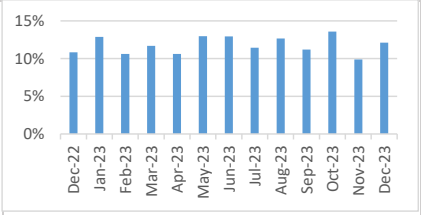
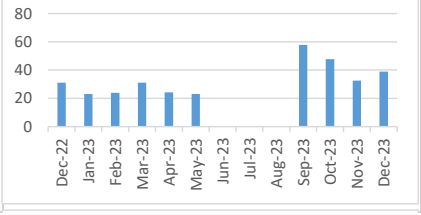
GENERAL AND ACUTE WAITING LISTS

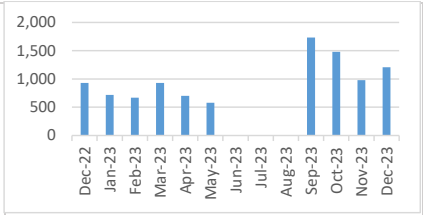
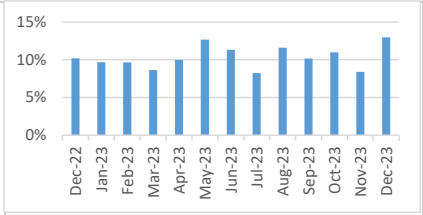
INDICATOR	13-MONTH GRAPH	COMMENTARY & ACTION PLAN	TRIGGER & OWNER
% patients waiting over 90 days for 1st outpatient appointment		This indicator is made up of two component parts (Acute and Community) which have their own commentary and action plans.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for 1st OP appointment - Acute		An increase of 288 patients in month awaiting over 90 days for a first outpatient appointment across all acute care groups. A focus for Q1 2024 is a review and validation of the waiting lists due to a known number of admin errors impacting on the actual number of patients waiting. Additionally, the increase in over 90 day waits can be attributed to the process of 'awaiting results', due to the change over to the new PAS. A process will be defined on how to manage these patients who have been seen, but can't be outcomed until test results have been received. Within the Surgical Care Group a focus on urgent & soon patients has resulted an increase in routine patients waiting over 90 days. A reduction in elective activity due to the festive priod, has also contributed to lower activity levels and thus an increase in the waiting list position .	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for 1st OP appointment - Community		An inmonth increase of 17 patients waiting over 90 days. The overall reduction on over 90 days continues, but the impact of reduced activity over the festive period has meant this slight increase.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for diagnostics		An inmonth increase of 23 patients waiting over 90 days for a diagnostic test Patient waiting diagnostic tests remain high at 1564. A process of validation of the waiting list will commence in Q1 2024 to ascertain the true position of the diagnostic waiting list as errors may be causing an inflated figure.	>35% Chief Operating Officer - Acute Services
% patients waiting over 90 days for elective admissions		The reduced activity during the month of December contributed to an increase of patients waiting over 90 days for elective admissions. HCS remains challenged with procedures being postponed last minute by both patients and on occasion by the hospital. We continue to focus on those patients that have waited the longest. The elective recovery plan should start to make in roads into the elective waiting list numbers during 2024 ensuring our longest waiting patients revieve list procedures.	>35% Chief Operating Officer - Acute Services

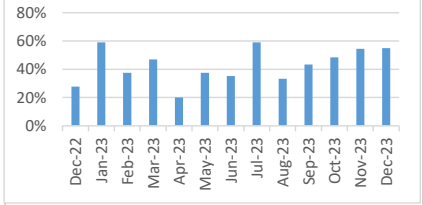
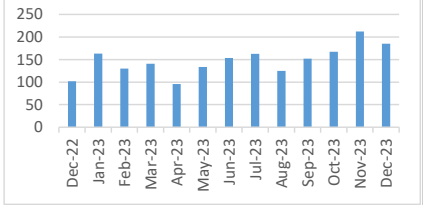
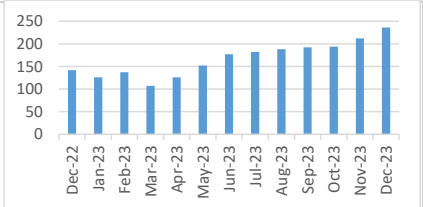
PLANNED (ELECTIVE) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
New to follow-up ratio		The two specialties within the surgical care group that are above the metric of 2 are ophthalmology and pain management. Ophthalmology have lifelong patients and this is normal for this specialty. Pain management fluctuate on this metric as there is an opt in programme in place.	> 2.0 Chief Operating Officer - Acute Services
Outpatient Did Not Attend (DNA) Rate		Overall the rate continues to fall but not by the amount that was anticipated. We continue to assess our new processes since the implementation of Maxims to seek solutions.	>8% Chief Operating Officer - Acute Services
% of all elective admissions that were day cases		We continue to monitor cases that can be converted to day cases to assist with our elective bed management.	<80% Chief Operating Officer - Acute Services
% of all elective admissions that were private		This is subjected to the limitations of separate listing, and the listing of private patients is subject to the requirement of the individual clinicians.	<32% or >34% Chief Operating Officer - Acute Services

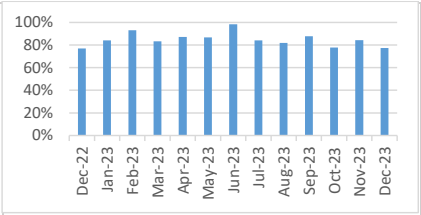
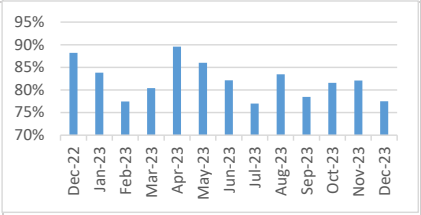
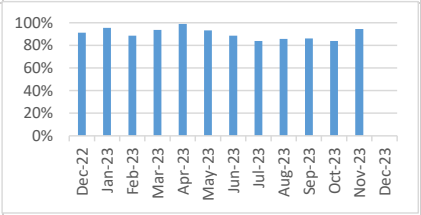
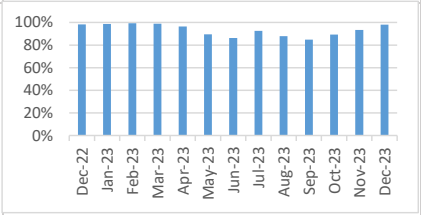
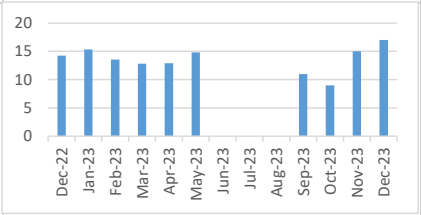
Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)		Key metric of focus as part of clinical productivity FRP workstream. December performance affected by Bank Holidays however momentum continues to drive towards 85%. A modified 6-4-2 that will deliver the Golden Patient process and support the reduction of late or on the day cancellations. Additional areas of focus which will support the theatre productivity FRP: - Late Start Rate - Turnaround Time Rate - Early Finish Rate	<85% Chief Operating Officer - Acute Services

UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Median Time from Arrival to Triage		Time to triage remains static. Work continues to address the training and staffing issue to triage. Lead Nurse, Clinical lead and practice development nurse are working collaboratively surrounding to address the improvements needed. The improvements will require investment. A paper has been written re staffing model presented to SLT as currently ED is not working to staffing tool BEST.	>10 Chief Operating Officer - Acute Services
% Triaged within Target - Minor		This is part of the Practice Development Nurse's portfolio to continue to drive the improvements in conjunction with the clinical lead and lead nurse. The improvements will require investment. A paper has been written re staffing model presented to SLT as currently ED is not working to staffing tool BEST.	90% Chief Operating Officer - Acute Services
% Triaged within Target - Major		Majors patients are seen on arrival or within 10 minutes however nurses completing triage also start with IV cannula and blood tests as well as doing any urgent clinical interventions that are necessary, thus entering clinical triage data on MAXIMS retrospectively. Therefore the data has not been recorded correctly, to mitigate this we are looking at developing a more accurate quality indicators to reflect current patient care in the department.	90% Chief Operating Officer - Acute Services

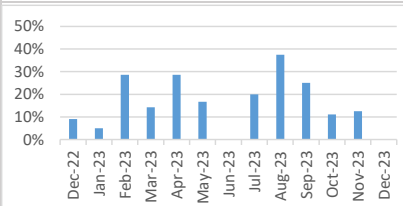
Total patients in ED > 10 hours		Data quality assessment of December identified that historic data quality issues are within this dataset, cleansing of the data results in a reduction in the number of 10hr breaches. Backdated breach validation will be undertaken in Q1 2024. For December 2023 the majority of bed breaches were attributable to patients awaiting a bed for admission. The golden patient initiative is working to improve early AM discharges to which will reduce the wait time for inpatient admission.	>0 Chief Operating Officer - Acute Services
Acute bed occupancy at midnight (Elective & Non-Elective)		There is an issue with the system that means occupancy reporting over the month is not accurate. Decision taken to suspend reporting this indicator until the system fix is applied (currently expected early in the New Year)	>85% Chief Operating Officer - Acute Services
% of Inpatients discharged between 8am and noon		An improvement in the number of patients discharged before midday has been noted. The implementation of the Golden Patient Initiative has supported this improvement. Daily tracking of early discharges is monitored through the operations centre.	15% Chief Operating Officer - Acute Services
Average daily number of patients Medically Fit For Discharge (MFFD)		An increase is noted for December 2023. It is recognised that each year a reduction in community capacity availability occurs during the festive period. Weekly delay meetings continue to be held to support with individual patient cases and unblock delays where possible.	>30 Chief Operating Officer - Acute Services

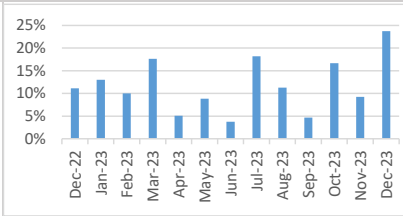
Total Bed Days Medically Fit For Discharge		An increase is noted for December 2023. It is recognised that each year a reduction in community capacity availability occurs during the festive period. Weekly delay meetings continue to be held to support with individual patient cases and unblock delays where possible.	>910 Chief Operating Officer - Acute Services
Rate of Emergency readmission within 30 days of a previous inpatient discharge		An increase in the number of readmissions for December 2023 has been noted, a review into these is planned for January 2024 to identify themes and trends	>10% Chief Operating Officer - Acute Services

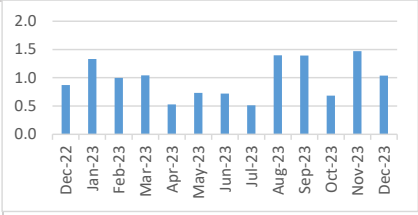
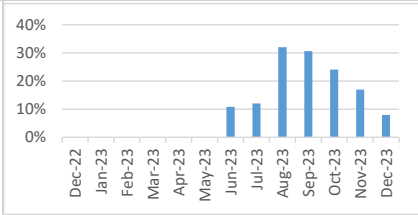
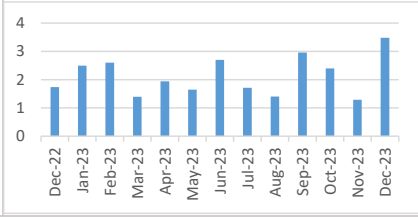
MENTAL HEALTH			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
% of clients who started treatment in period who waited over 18 weeks		There have been 96 referrals to Jersey Talking therapies in December. As previously, the service is doing well at achieving the access to initial assessment target of 90 days(97.5%) but did not achieve the target of commencing treatment within 18 weeks in 55% of cases in month. As reported previously, it anticipated that a planned increase in staffing capacity will help to address this, along with an increased offer of group work.	>5% Director Mental Health & Adult Social Care
JTT Average waiting time to treatment (Days)			>177 Director Mental Health & Adult Social Care
Memory Service - Average Time to assessment (Days)		Waiting time for memory assesment has increased again this month to 236 days, and is hindered by a lack of diagnostic capacity to currently meet demand within the service. As reported last month, this is now a priority area for the service, with the aim to agree an improvement trajectory (subject to availability of additional diagnostic capacity) within January 2024.	>138 Director Mental Health & Adult Social Care

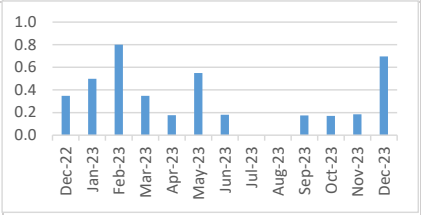
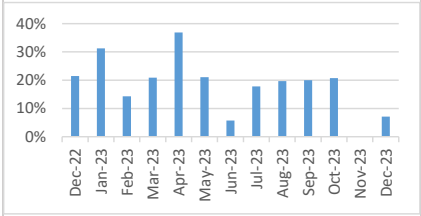
% of referrals to Mental Health Crisis Team assessed in period within 4 hours		The crisis service is reported to have seen 77% of all referals within 4 hours in December. The service is undertaking a line by line review of the data to understand where the target has not been met, and to ensure that data entry issues are not resulting in an under reporting of performance (which has been identified previously following detailed review of all cases).	<85% Mental Health Care Group Manager
% of referrals to Mental Health Assessment Team assessed in period within 10 working days		78% of all referals to adult mental health services were seen within 10 working days. As above, the service are reviewing this data in detail to understand where the KPI has not been met - previously this has related to patient choice and difficulties in contacting service users.	<85% Mental Health Care Group Manager
Adult acute bed occupancy at midnight (including leave)		There is an issue with the system that means occupancy reporting over the month is not accurate. Decision taken to suspend reporting this indicator until the system fix is applied (currently expected early in the New Year)	>88% Director Mental Health & Adult Social Care
Older adult acute bed occupancy (including leave)		Occupancy in older adult mental health services remains high, with an associated high level of Delayed Transfers of Care in December (mostly due to people waiting for community nursing home or residential placements). Work is ongoing with community providers in order to reduce this.	>85% Director Mental Health & Adult Social Care
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards		The Medically Fit for Discharge (MFFD) patients is above the baseline. This is due to lack of placement or packages of care. The community teams across older adult and working age support the inpatient team to improve the patient flow.	>13 Director Mental Health & Adult Social Care

SOCIAL CARE			
INDICATOR	**13-MONTH GRAPH**	**COMMENTARY & ACTION PLAN**	**TRIGGER & OWNER**
Percentage of new Support Plans reviewed within 6 weeks (ASCT)		The percentage of initial reviews within 6 weeks is still lower than desired. To address this the Adult Social Care Team is in consultation with the Adult Mental Health care group, as the review function in adult social care needs to be bolstered. In addition, Hospital reviews are performed by Adult Social Care Team and the Hospital Discharge Service. The Hospital Team are struggling to meet this timescale due to high demand for assessments, affecting this measure.	>=80% Director Mental Health & Adult Social Care

WOMEN'S AND CHILDREN'S SERVICES			
Was Not Brought Rate		Actions currently in place are telephone calls by clinical teams at time of appointments if a DNA has occurred and a follow-up letter/appointment sent as required. Clinic outcomes are monitored weekly to cross-check any missed outcomes. Review of the data to focus on higher rate areas for further analysis. Discussion with teams to ensure WNB policy is being followed.	>9.8% Chief Operating Officer - Acute Services
% of women that have an induced labour		Induction of labour is commonly offered where there are concerns that a problem could worsen if a pregnancy were to continue beyond a certain point. Decisions may be multifactorial.	>25% Chief Nurse
Rate of Vaginal Birth After Caesarean (VBAC)		Unable to comment due to lack of data for December however all women who have had a previous caesarean section are counselled and given appropriate information and are therefore enabled to make an informed choice.	< 25% Chief Nurse

% births requiring Jersey Neonatal Unit admission		This appears inflated this month due to the birthing numbers and reporting in a percentage equates to 11 babies that required neonatal input. Some of these babies would have been cared for under the transitional care model which is currently under review.	>5.05% Chief Nurse

QUALITY AND SAFETY			
Number of medication errors across HCS resulting in harm per 1000 bed days		Medication errors are now tracked through a care group governance reviews which occur for surgery, medicine and WACS. There is no discernible pattern and no stand out area of poor practice.	> 0.40 Medical Director
% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		Medical Director's Office has investigated this trend in discussion with the Care Groups. Data on VTE assessment is pulled from Maxims and this data with respect to the recording of assessment in Maxims is correct. However, all Care Groups having reviewed and discussed this trend with the Medical workforce believe the prescribing of prophylaxis to be far better than this trend would suggest. A dashboard has been developed to identify in real time the VTE assessment status of current hospital inpatients, cross referenced against thromboprophylactic medications prescribed through the EPMA, allowing the identification of patients who need to be assessed, or undergo a medications review. A focussed piece of work is being undertaken to mandate the prescribing of prophylaxis within EPMA. However, a further piece of work needs to occur to educate medical colleagues in evidencing that an assessment has occurred by recording it within Maxims.	>97% Medical Director
Number of pressure ulcers acquired as an inpatient per 1,000 bed days		In December there were 22 cases of hospital acquired pressure damage (compared to 6 cases in November), 20 were cat 2 pressure ulcers 2 were deep tissue injuries, 14 of the cases of pressure damage were in patients over 80 years old, 13 of the 22 were bed bound and 4 were chair bound needing assistance to reposition. 16 of the 22 patients were deemed to be high risk following pressure ulcer risk assessment. Compliance with pressure damage documentation increased 87.6% in November audits were not undertaken in December due to sickness and annual leave. Further analysis of the data will be undertaken in January to understand rationale for the increase.The tissue viability team continue to provide training and education to both staff and patients.	> 2.87 Chief Nurse

Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days		See above	> 1.96 Chief Nurse
Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		See above	> 0.6 Chief Nurse
% of all complaints closed in the period which were responded to within the target		December 2023 saw a marked decrease in the number of complaints received compared to previous months, as several enquiries were able to be managed as PALS and therefore did not require escalation to the formal complaint stages. Focus has been placed on closing historically overdue complaints during the month of December, as such 28 complaint cases were closed in month. As at the time of reporting there are currently 34 open Stage 1, 2, and 3 complaint cases of which 11 historical cases are flagging as overdue and require closure. The priority for January 2024 is to get these complaints either closed, or have complainant agreed revised timelines for completion in place.	<40% Chief Nurse

CHANGES AND TECHNICAL NOTES

As part of our commitment to enhancing the quality of our services, we have developed performance indicators to track our progress and provide greater transparency into our operations. These indicators enable us to better monitor our performance towards achieving our objectives and make informed decisions about the future of our services.
However, please note these indicators may be subject to change in future versions of this report as we strive to refine our approach and respond to the changing needs of the community. We remain dedicated to providing accurate and insightful performance data and therefore use the most accurate data available at the time of publication.

The Hospital Patient Administration System was replaced at the end of May. There are significant differences between the two systems, the business processes and the data that are available to the Informatics Team. As far as possible we have attempted to ensure consistency and integrity in the indicators - and have noted where changes in the system have caused changes in the indicators.

General and Acute Outpatient Attendances - in month 6 report, the methodology has been updated following the implementation of the new system which identified some previous over-counting. The back series has therefore been revised to ensure full comparability with the recent data points.

Elective Regular Day Admissions - these are recorded differently in the new patient administration system. A different methodology is therefore in use to count these from month 6 onwards, meaning the pre/post system changeover are not wholly comparable.

For indicators related to Medically Fit for Discharge and Delayed Transfers of Care (DTOC), only snapshot data are currently available directly from new Patient Administration System. Informatics continue to work with the supplier to identify a fix. In the meantime we have introduced a workaround method to store the snapshots to be able to calculate these indicators. As this was implemented in early August, the first full month able to be calculated was September (month 9). Unfortunately the fix did not fully work for DTOC indicator, so this can only be reported from October (month 10).

Community Mental Health Services indicators in relation to follow up within 3 days of discharge have been reviewed. This has resulted in a name change on the indicator to better reflect the service provided. These are now labelled:

% of Adult Acure discharges with a face to face contact from an appropriate Mental Health professional within 3 days

% of Older Adult Acure discharges with a face to face contact from an appropriate Mental Health professional within 3 days

Theatre Utilisation Rate has now been fully reviewed following the implementation of Maxims and the indicator updated to reflect the improved data availability. In addition the standard has been revised based on NHS GIRFT Benchmarks.

Acute Bed Occupancy has been reviewed to ensure it aligns with the NHS definition used for the standard KH03 return.

APPENDIX - DATA SOURCES

DEMAND

INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Referrals	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period. This specifically excludes Mental Health specialties
General and Acute Outpatient Referrals - Under 18	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of General and Acute Outpatient referrals accepted by HCS clinicians in the period for patients under 18 years of age (at time of referral). This specifically excludes Mental Health specialties
Referrals to Mental Health Crisis Team	Community services electronic client record system	Number of referrals into the Crisis Team Centre of Care in the reporting period
Referrals to Mental Health Assessment Team	Community services electronic client record system	Number of referrals into the Assessment Team Centre of Care in the reporting period
Referrals to Memory Service	Community services electronic client record system	Number of referrals into the Memory Assessment Service Centre of Care in the reporting period
Referrals to Jersey Talking Therapies	JTT & PATS electronic client record system	Number of referrals received by Jersey Talking Therapies in the reporting period
Additions to Inpatient Waiting List	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of new additions to the inpatient waiting list for all care groups

ACTIVITY

INDICATOR	SOURCE	DEFINITION
General and Acute Outpatient Attendances	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Number of General & Acute public outpatient appointments attended in the period
Elective Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute public elective inpatient admissions in the period
Elective Day Cases	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of General & Acute Elective Day Case admissions in the period
Elective Regular Day Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of JGH/Overdale Elective Regular Day Admissions in the period. A regular day admission is a planned series of admissions for broadly similar ongoing treatment, for example, chemotherapy or renal dialysis.
Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), TrakCare Emergency Department Report (ED5A), Maxims Admissions & Discharge Report (IP13DM) & Maxims Emergency Department Report (ED1DM))	Number of Ward Attenders and non-elective AEC admissions in the period. Ward attenders includes visitors to a ward who received covid swabbing in the Emergency Department. E.g. Maternity birth partners
Emergency Department Attendances	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Number of attendances to Emergency Department in period

Emergency Admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Number of emergency inpatient admissions to General & Acute Hospital in the period
Admissions to Adult Mental Health unit (Orchard House)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions & Discharges Report (IP013DM))	Number of admissions to Orchard House
Admissions to Older Adult Mental Health units (Beech/Cedar wards)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Number of Older Adult inpatient admissions in the period
Maternity Deliveries	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Number of on-Island maternity deliveries in the period. Note that the birth of twins/triplets would count as one delivery

WAITING LISTS - ACTIVITY		
INDICATOR	SOURCE	DEFINITION
Outpatient 1st Appointment Waiting List	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients on the Outpatient first appointment waiting list at period end
Outpatient 1st Appointment Waiting List - Acute	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Acute Outpatient appointment at period end
Outpatient 1st Appointment Waiting List - Community	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Community Outpatient appointment at period end
Elective Waiting List	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients on the Inpatient elective waiting list at period end
Elective Waiting List - Under 18	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Number of patients under 18 years of age on the elective inpatient waiting list at period end
Diagnostics Waiting List	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Number of patients waiting for a first Diagnostic appointment at period end
Jersey Talking Therapies Assessment Waiting List	JTT & PATS electronic client record system	Number of JTT cients which match the services eligibility criteria waiting for their first assessment at the end of reporting period

GENERAL AND ACUTE WAITING LISTS						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	% patients waiting over 90 days for 1st outpatient appointment	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the outpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the outpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the outpatient waiting list at period end.
	% patients waiting over 90 days for 1st OP appointment - Acute	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Acute Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
	% patients waiting over 90 days for 1st OP appointment - Community	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Community Outpatient waiting list who have been waiting more than 90 days since referral for their first appointment at period end
Inpatients	% patients waiting over 90 days for diagnostics	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the Diagnostic waiting list who have been waiting more than 90 days since referral at period end
Diagnostics	% patients waiting over 90 days for elective admissions	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Chief Operating Officer - Acute Services	<35%	Standard set locally. Waiting times are measured differently elsewhere so no comparable benchmarks	Percentage of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Numerator: Number of patients on the elective inpatient waiting list who have been waiting over 90 days at period end. Denominator: Number of patients on the elective inpatient waiting list at period end.

PLANNED (ELECTIVE) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Outpatients	New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	2.0	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments. This being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
	Outpatient Did Not Attend (DNA) Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	<8%	Standard set locally	Percentage of public General & Acute outpatient appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient appointments where the patient did not attend. Denominator: the number of attended and unattended appointments
Elective Inpatients	Acute elective Length of Stay (LOS)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<3	Standard set locally	Average (mean) Length of Stay (LOS) in days of all elective inpatients discharged in the period from a Jersey General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% of all elective admissions that were day cases	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	Chief Operating Officer - Acute Services	>80%	Standard set locally	Percentage of elective admissions for surgery that are managed as day cases (with same day discharge). Numerator: Number of elective surgical day case admissions both public and private. Denominator: Total surgical elective admissions
	% of all elective admissions that were private	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B) & Maxims Theatres Report (TH1DM))	Chief Operating Officer - Acute Services	>32% and <34%	Based on clinical job plans	Number of private elective admissions divided by the total number of elective admissions

Theatres	Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	Chief Operating Officer - Acute Services	>85%	NHS Benchmarking- Getting It Right First Time 2024/25 Target	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.
	Turnaround time as % of total session time	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	Chief Operating Officer - Acute Services	<15%	Standard set locally	Numerator: Sum of the time duration between successive patients within a single theatre session Denominator: Total theatre session duration. This is reported for all operation lists containing multiple operations (Public and Private) to take account of mixed lists.

UNPLANNED (NON-ELECTIVE / EMERGENCY) CARE						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Emergency Department (ED)	Median Time from Arrival to Triage	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<11	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and triage time
	% Triaged within Target - Minor	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=90%	Generated based on historic performance	Percentage of P4, P5 patients triaged within 15 mins
	% Triaged within Target - Major	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=90%	Generated based on historic performance	Percentage of P1, P2,P3 patients triaged within 15 mins
	Median Time from Arrival to commencing Treatment	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<75	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival time and time patient was seen
	% Commenced Treatment within Target - Minor	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P4 120 mins, P5 240 mins
	% Commenced Treatment within Target - Major	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	>=70%	Generated based on historic performance	Percentage of patients seen within targets: P1 1 min, P2 15 mins, P3 60 mins
	Median Total Stay in ED (mins)	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<189	NHS England published data for Nov 2022 England Average. https://digital.nhs.uk/data-and-information/publications/statistical/provisional-accident-and-emergency-quality-indicators-for-england/november-2022-by-provider	Median of minutes between ED arrival and discharge from ED
	Total patients in ED > 10 hours	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<1	Standard set locally - zero tolerance to ensure all long stays in ED are investigated	Number of ED attendances in the period where total stay in department is greater than 10 hours
	ED conversion rate	Hospital Electronic Patient Record (TrakCare Emergency Department Report (ED5A) & Maxims Emergency Department Report (ED1DM))	Chief Operating Officer - Acute Services	<20%	Generated based on historic performance	Percentage of ED attendances that resulted in an inpatient admission. Numerator: Total ED attendances that resulted in an inpatient admission. Denominator: Total ED attendances.

Emergency Inpatients	Non-elective acute Length of Stay (LOS)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<10	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
	% Emergency admissions with 0 Length of Stay (Same day discharge)	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	<17%	Generated based on historic performance	Percentage of emergency (non-elective) inpatient admissions that were discharged the same day. Numerator: Total ED attendances that were discharged the same day. Denominator: Total ED attendances.
	Acute bed occupancy at midnight (Elective & Non-Elective)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Chief Operating Officer - Acute Services	<85%	Generated based on historic performance	Percentage of beds occupied at the midnight census, JGH and Overdale. Numerator: Number of beds occupied by a patient at midnight in the period. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	% of Inpatients discharged between 8am and noon	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Chief Operating Officer - Acute Services	>=15%	Generated based on historic performance	% of inpatients discharged from General & Acute wards between 8am and Noon. Excluding private patients, self discharges and deceased patients. Numerator: Patients discharged between 8am and 12 noon in period. Denominator: Total patients discharged in period
	Average daily number of patients Medically Fit For Discharge (MFFD)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	<30	Generated based on historic performance	Average (mean) number of inpatients marked as Medically Fit each day at 8am, JGH/Overdale only
	Total Bed Days Medically Fit For Discharge	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	<910	Generated based on historic performance	Sum of bed days in period of patients marked as Medically Fit
	Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Chief Operating Officer - Acute Services	NA	Not Applicable	Sum of bed days in period of patients marked as Delayed Transfer Of Care (DTOC)
	Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Chief Operating Officer - Acute Services	<10%	Generated based on historic performance	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf

MENTAL HEALTH						
	INDICATOR	SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Jersey Talking Therapies	% of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment
	% of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	<5%	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients waiting more than 18 weeks to commence treatment. Numerator: Number of JTT clients beginning treatment who waited longer than 18 weeks from referral date. Denominator: Total number of JTT clients beginning treatment in the period
	JTT Average waiting time to treatment (Days)	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	<=177	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
	% of eligible cases that have completed treatment and were moved to recovery	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	>50%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that completed treatment and were moved to recovery (defined as a clinical case at the start of their treatment and are no longer defined as a clinical case at the end of their treatment), divided by the total number of JTT referrals which match the services eligibility criteria
	% of eligible cases that have shown reliable improvement	JTT & PATS electronic client record system	Director Mental Health & Adult Social Care	>75%	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT referrals which match the services eligibility criteria that showed reliable improvement (there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition), divided by the total number of JTT referrals which match the services eligibility criteria
Community Mental Health	Memory Service - Average Time to assessment (Days)	Community services electronic client record system	Director Mental Health & Adult Social Care	<138	Generated based on historic percentiles	Average (mean) days waiting from the date of referral to the assessment date for all those who have been referred and assessed under the Memory Assessment Service centre of care
	% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
	% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Mental Health Care Group Manager	>85%	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
	% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	Director Mental Health & Adult Social Care	>80%	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from 'Orchard House' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours divided by the total number of discharges from 'Orchard House'

	% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	Director of Mental Health Services	>80%	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units
	Community Mental Health Team did not attend (DNA) rate	Community services electronic client record system	Director Mental Health & Adult Social Care	<10%	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked
Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Director Mental Health & Adult Social Care	<255	NHS Benchmarking Network 2021/22 upper quartile. For green (<240) this reflects an improvement on GOJ 2021 performance.	Number of admissions to 'Orchard House' in the past 12 months from the reporting month for every 100,000 population
	Adult acute admissions under the Mental Health Law as a % of all admissions	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L), Maxims Admissions Report (IP013DM) & Mental Health Articles Report)	Director Mental Health & Adult Social Care	<37%	Jersey has a much lower rate than NHS Benchmarking Network. Standard is based on local historic benchmarking	Number of 'Orchard House' admissions under a formal Mental Health article, divided by total number of admissions to 'Orchard House'
	Adult acute bed occupancy at midnight (including leave)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Director Mental Health & Adult Social Care	<88%	Generated based on historic performance	Percentage of beds occupied at the midnight census, Orchard House. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	Older Adult Admissions per 100,000 population - Rolling 12 month	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L) & Maxims Admissions Report (IP013DM))	Director Mental Health & Adult Social Care	<475	Jersey is an extreme outlier in the NHS Benchmarking Network. Standard set based on improving 2021 performance toward the NHS Benchmarking Network mean	Number of admissions to 'Older Adults' units, in the past 12 months from reporting month, for every 100,000 population
	Older adult acute bed occupancy (including leave)	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM))	Director Mental Health & Adult Social Care	<85%		Percentage of beds occupied at the midnight census, Beech and Cedar Wards. Numerator: Number of beds occupied by a patient at midnight in the period, including patients on leave. Denominator: Number of beds either occupied or marked as available for a patient at the midnight census
	Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Electronic Patient Record (TrakCare Current Inpatient Report (ATD49) & Maxims Current Inpatient Report (IP020DM))	Director Mental Health & Adult Social Care	<13	Generated based on historic percentiles	Average (mean) number of Mental Health inpatients marked as Medically Fit each day at 8am

SOCIAL CARE						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Learning Disability	Percentage of clients with a Physical Health check in the past year	Community services electronic client record system	Director Mental Health & Adult Social Care	>80%	Generated based on historic performance	Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year. Numerator: Number of LD clients who have had a physical wellbeing assessment in the 12 months prior to period end. Denominator: Total number of clients with an open LD involvement within the period.
Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	Director Mental Health & Adult Social Care	>=80%	Generated based on historic performance	Number of FACE Support Plan and Budget Summary opened in the ASCT centre of care that are opened then closed within 3 weeks, divided by the total number of FACE Support Plan and Budget Summary opened in the ASCT centre of care more than 3 weeks ago
	Percentage of new Support Plans reviewed within 6 weeks (ASCT)	Community services electronic client record system	Director Mental Health & Adult Social Care	>=80%	Generated based on historic performance	Percentage of Support Plan Reviews in the ASCT Centre of Care (only counting those that follow a FACE Support Plan) that were opened within 6 weeks of closing a FACE Support Plan in the ASCT Centre of Care

WOMENS AND CHILDRENS SERVICES						
INDICATOR		SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Children	Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Chief Operating Officer - Acute Services	<=10%	Standard set locally based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included.
	Average length of stay on Robin Ward	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	Chief Operating Officer - Acute Services	<=1.65	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay in days of all patients discharged in the period from Robin Ward, including leave days
	% deliveries home birth (Planned & Unscheduled)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Percentage of deliveries home births (Planned & Unscheduled) out of the total number of deliveries in the period. Numerator: Number of deliveries recorded as being at "Home" (regardless of whether they were 'planned' or 'unplanned') in the period. Denominator: number of deliveries in the period.
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of spontaneous vaginal births including home births and breech vaginal deliveries didivded by total number of deliveries
	% Instrumental deliveries	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Instrumental deliveries divided by total number of deliveries
	% Emergency caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Emergency Caesarean sections, divided by total number of deliveries
	% Elective caesarean section births	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	NA	Not Applicable	Number of Elective Caesarean sections, divided by total number of deliveries
	% of women that have an induced labour	Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=27.57%	Standard set locally based on average (mean) of previous two years' data	Percentage of women that have an induced labour in the period. Numerator: Number of women that had an induced labour. Denominator: number of deliveries.

Maternity	Number of stillbirths		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	0	Stanadard set locally based on historic performance	Number of stillbirths (A death occurring before or during birth once a pregnancy has reached 24 weeks gestation)
	Rate of Vaginal Birth After Caesarean (VBAC)		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	>15%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, standard set to match the NHS National value of 15%.	Number of Vaginal Births after Caesarean (VBAC) divided by the total number of Births after Caesarean
	% primary postpartum haemorrhage >= 1500ml		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=6.75%	NHS National Value is 3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of deliveries that resulted in a blood loss of over 1500ml out of the total number of deliveries in the period. Numerator: Number of deliveries that resulted in a blood loss of over 1500ml. Denominator: number of deliveries
	% 3rd & 4th degree tears – normal birth		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<2.5%	As the Jersey numbers that drive this indicator are so low and have such a skewed distribution across the last two years, we have set the standard to match the NHS National value of 2.5%.	Number of women who had a vaginal birth (not instrumental) and sustained a 3rd or 4th degree perineal tear as percentage of all normal births
	% of births less than 37 weeks		Hospital Electronic Patient Record (TrakCare Maternity Report (MAT23A) & Maxims Maternity Report (MT005))	Chief Nurse	<=6.85%	NHS National Value is 6.3%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Number of live babies who were born before 37 weeks (less than or equal to 36 weeks + 6 days gestation) divided by total number of live births
	% births requiring Jersey Neonatal Unit admission		Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Movements Report (ATD5PA), TrakCare Deliveries Report (MAT23A), Maxims Discharges Report (IP013DM), Maxims Movements Report (IP001DM) & Maxims Deliveries Report (MT005))	Chief Nurse	<=5.05%	Standard set locally based on average (mean) of previous two years' data	Number of births requiring admission to the Jersey Neonatal Unit, divided by total number of births
	% of babies that have APGAR score below 7 at 5 mins		Hospital Electronic Patient Record (TrakCare Maternity Reports (MAT23A & MAT1A) & Maxims Maternity Reports (MT005 & MT001))	Chief Nurse	<=1.3%	NHS National Value is 1.2%. However, as the Jersey numbers that drive this indicator are so low, the standard has been set locally based on average (mean) of previous two years' data	Percentage of live births (only looking at singleton babies with a gestational length at birth between 259 and 315 days) that have an APGAR score (a measure of the physical condition of a newborn baby) below 7 at 5 minutes after birth
	Average length of stay on maternity ward		Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Discharges Report (IP013DM))	Chief Nurse	<=2.28	Standard set locally based on average (mean) of previous two years' data	Average (mean) length of stay for all patients discharged in the period from the Maternity Ward

QUALITY AND SAFETY							
INDICATOR			SOURCE	OWNER	STANDARD THRESHOLD		DEFINITION
Infection Control	MRSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	0	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
	MSSA Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	0	Standard based on historic performance	Number of Methicillin-Susceptible Staphylococcus Aureus (MSSA) cases in the hospital in the period, reported by the IPAC team
	E-Coli Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	0	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
	Klebsiella Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	0	Standard based on historic performance	Number of Klebsiella bacteraemia cases in the hospital in the period, reported by the IPAC team
	Pseudomonas Bacteraemia - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	0	Standard based on historic performance	Number of Pseudomonas bacteraemia cases in the hospital in the period, reported by the IPAC team
	C-Diff Cases - Hosp	Hosp	Infection Prevention and Control Team Submission	Chief Nurse	1	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team

Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	NA	No Standard Set	Number of inpatient falls with harm recorded where approval status is not "Rejected" per 1000 occupied bed days
	Number of falls per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<6	Standard based on historic performance	Rate of recorded inpatient falls per 1000 bed days. Numerator: Number of inpatient falls recorded in the period where the approval status is not "Rejected". Denominator: Number of occupied bed days in the period in General Hospital, Overdale and Acute Mental Health wards
	Number of medication errors across HCS resulting in harm per 1000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Medical Director	<0.40	Standard set locally based on improvement compared to historic performance	Number of medication errors across HCS (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted.
	Number of serious incidents		HCS Incident Reporting System (Datix)	Chief Nurse	NA	Standard removed 2022-09-28 per Q&R Committee instruction	Number of safety events recorded in Datix in the period where the event is marked as a 'Serious Incident'
VTE	% of adult inpatients who have had a VTE risk assessment within 24 hours of admission		Hospital Electronic Patient Record (Maxims Report IP026DM)	Medical Director	>95%	NHS Operational Standard	Percentage of all inpatients (17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Numerator: Number of eligible inpatients that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Denominators: Number of all inpatients that are eligible for a VTE assessment.
Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<2.87	Standard set locally based on improvement compared to historic performance	Number of inpatient pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days	Hosp	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<1.96	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 2 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
	Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days		Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Chief Nurse	<0.60	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
Feedback	Number of complaints received		HCS Feedback Management System (Datix)	Chief Nurse	NA	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"
	Number of compliments received		HCS Feedback Management System (Datix)	Chief Nurse	NA	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
	Number of comments received		HCS Feedback Management System (Datix)	Chief Nurse	NA	Not Applicable	Number of comments received in the period where approval status is not "Rejected"
	% of all complaints closed in the period which were responded to within the target		HCS Feedback Management System (Datix)	Chief Nurse	>40%	Response time standards are those in GoJ Feedback Policy which does not set achievement targets, so target set locally	Percentage of all complaints closed in the period responded to within the target time as set by GoJ Feedback Policy. Numerator: Number of all closed complaints in the period, responded to within the target. Denominator: Number of complaints closed in the period.

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25th January 2024		
Title of paper:	Workforce Report – December data		
Report author (& title):	Steve Graham, Associate Director of People - HCS	**Accountable Executive:**	Chris Bown, Chief Officer

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board?	This report provides the Advisory Board with data and metrics on the key workforce indicators across HCS. The Advisory Board is asked to note the contents.	Information	X
		Decision	
		Assurance	
		Update	

2. Executive Summary

This report provides the Board with data on the main workforce indicators including,

- Vacancy Rate
- Turnover Rate
- Sickness absence rate
- Recruitment activity
- Compliance rate with appraisals

3. Finance / workforce implications

See main report.

4. Risk and issues

See main report.

5. Applicability to ministerial plan

See main report.

6. Main Report

See attached.

7. Recommendation

For noting.

Health and Community Services

Advisory Board

Workforce Report

(December 2023 data)

Executive Summary

The figures in blue are from the finance establishment file, the figures in black all relate to the HR dashboard numbers.

For the purposes of the finance information, a vacancy is defined as any funded post against which no salary has been paid in that month. It does not take into account roles that have candidates appointed to them. Work is underway to capture that data and report vacancies accordingly.

Metric	Dec 22	Mar 23	June 23	Sept-23	Dec-23
Funded Establishment – FTE	2631	2675	2709	2863	2900
Staff in post – FTE	2200	2239	2228	2405	2413
Vacant – FTE	411	436	481	458	487
Vacancy Rate	16%	16%	18%	16%	16%
Total Turnover Rate	7.5%	6.2%	6.5%	7.0%	7.3%
Voluntary turnover rate	5%	4%	4%	4.3%	4.3%
Leavers Headcount	26	15	13	16	8
Sickness Rate	6%	4.8%	5.6%	5.5%	6.5%
Training compliance Rate	TBA				
No objectives		0.5%	0.5%	0.5%	0.4%
Objectives approved		3%	10%	21.5%	20.3%
Mid-Year Review Complete			0.3%	10.6%	12.3%
Year-end review					5.7%

Work between the finance team and the HR Resourcelink team to reconcile the differences between systems has now completed and the new hierarchy has been loaded into the Connect system. Once Connect Talent Acquisition is implemented this will provide a single source of truth for vacancy management information.

Staff in post has increased throughout 2023 by over 200 full time equivalent (FTE) across all staff groups.

The total turnover rate has remained reasonably constant at around 7.0%, whilst the voluntary turnover rate (i.e. resignations) has also remained constant at just over 4%, this is equivalent to 104 staff resigning over the previous 12 months.

The sickness absence rate has increased through December, with the main reason for absence continuing to be coughs, cold and flu and gastrointestinal problems. This can be seen as a seasonal increase as we move through the winter months.

The December data for objective setting shows further movement in the approval of objectives and the mid-year and the start of end of year reviews. However, this is still low and will remain an area of focus for Executive team with an action plan for increasing uptake in place for 2024.

Workforce data

The following table shows the vacancy rate for each staff group. The recruitment activity throughout the year has ensured we have maintained or reduced the vacancy rate in all staff groups.

	Vacancy Rate		
	Oct-22	**Aug-23**	**Dec-23**
Medical	19%	18%	16%
Nursing	20%	23%	20%
Healthcare Assistants	13%	20%	17%
Civil Servants	17%	19%	17%
Manual Workers	9%	10%	7%
Total	**16%**	**18%**	**16%**

Recruitment Activity

It is recognised that the time to recruit is currently too long, leading to reputational risks and to a high use of agency and locum workers which is costly for the department. It has now been agreed that the Government of Jersey's Delivery Unit will work with HCS and the People team to address this issue. Additional resources have now been agreed to redesign the recruitment pathway and processes.

Several groups have been established within HCS to support the activity required to reduce the number of vacancies which are populated by HR and HCS colleagues. These will focus on the following areas.

A mass (or cohort) recruitment campaign is in development for nurses, with the Microsite containing relevant information for an interested candidate due to go live by the end of January.

We continue to utilise specialist agencies and web site for the recruitment of experienced colleagues such as nurses, Allied Health Professionals and doctors.

The department has been involved in the creation of the Priority Worker policy to support accommodation for candidates, which will enhance our onboarding offer.

To incentivise the recruitment campaigns, HCS has in place a “Refer a Friend” scheme and is looking to create a wider Workforce Attraction Package – which will include recruitment and retention payments for hard to fill roles. The payments to both the refer a friend scheme and R&R payments will cost less than the cost of agency workers filling the roles.

Recruitment Pipeline

Work continues to establish a process to produce data on the recruitment pipeline going forward, which will describe the number of roles in active recruitment, length of time to recruit and projected start dates to manage any locum/agency cover for the vacancy.

It is anticipated that a single source of all recruitment information will be available following the implementation of Talent Acquisition across HCS (which is expected by the end of quarter 1 2024) which will provide the detailed information required to predict further when future recruits will be joining HCS.

In the meantime, manual collation of data is providing data for some groups and the table below shows the pipeline information we have for the recruitment into nursing and Allied Health Professional roles.

Start date confirm (up to Feb 2024)	Candidate in clearance process	Contract issued	Roles at interview stage	Roles at shortlisting stage	Currently at live advert
11	33	57	21	7	78

Retention

The total turnover rate for the 12 months to the end of October remains constant at 7.3%, which equates to 178 people leaving HCS. The voluntary turnover figure (which relates to resignations) for the 12 months to end of December 2023 is 4.3%, down from 5.1% this time last year.

This equates to 104 leavers spread across the year. In addition, there were 27 retirements over the previous 12 months; the remaining 45 “involuntary” leavers consisted of 38 leavers due to end of contract (including the junior doctors), four leavers who failed their probationary period and two dismissals.

Exit Interviews

The Government of Jersey runs an online exit interview system, which captures leavers’ views on several topics. The data submitted by leavers is collated centrally for all leavers across Government.

Induction

HCS currently has different induction events designed to introduce new colleagues to the Government of Jersey, HCS as a department and their local workplace.

My Welcome

My Welcome is the online Government of Jersey induction programme all new starters to GoJ are expected to undertake. There is a high uptake of the face-to-face element of the GoJ My Welcome induction, but the completion rate of the online programme is approximately 30% which is the average rate for the Government as whole. The introduction of the HCS corporate induction will provide an opportunity to remind colleagues of the importance to complete the My Welcome induction too.

HCS Induction

HCS restarted the face-to-face HCS corporate induction for all new starters to HCS.

The first induction day was held in May 2023 and all new starters between December 2022 and April 2023 were invited.

Whilst feedback on the event was in the main positive, the event has been revised and will be run as part of the statutory and mandatory training programme.

Learning and Development

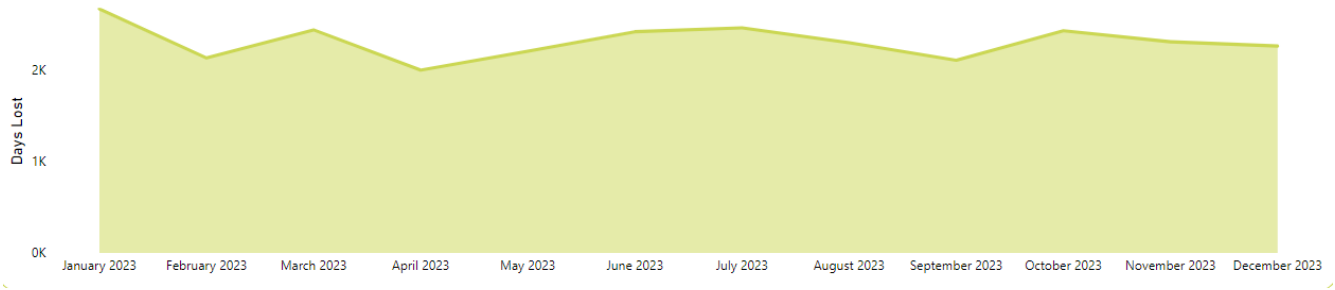
Statutory and Mandatory Training - Placeholder

The Statutory and Mandatory training framework that was agreed by the Board last year is now beginning to be implemented, through the introduction of a comprehensive training week for all new staff that covers an induction and completion of all required training on starting employment. This is being coordinated by a small group of staff, and the first (pilot) week will run in February. The more challenging of task of ensuring all current staff are up to date against the new framework will follow, and it is recognised this will take some months.

Once this programme is underway, compliance rates will be reported here.

Health and Well Being

There had been a steady drop in the sickness absence rate from December 2022, however a slight increase has been seen over the last two months as we move through the winter months. This is shown below in the graph showing days lost.



The main reasons for absence have remained constant with the predominant reason being recorded as Cough, Colds and Flu followed by Gastrointestinal problems.

Employee Relations (ER)

HCS currently has 14 live formal ER cases across disciplinary, grievance, bullying and harassment, employment tribunal and capability processes. This is a decrease from 15 cases in November and 21 cases in March 2023.

Closer working between HCS HR and Case Management has supported the earlier resolution of cases as they come to light.

In addition to those recorded as formal cases, six cases have been resolved through informal processes.

Staff Appraisal and Development

The data on the usage of Connected performance is shown in the summary table at the beginning of this report.

The cut-off date from the completion of end of year reviews is 31st January 2024.

Forms to complete objectives for 2024 were released to all staff on 12th January 2024. Close monitoring of uptake of the completion of objectives will take place across HCS.

Connect People

The Connect People programme has rolled out several modules during 2024 all of which will provide support to managers and employees as well as providing more accurate and timely workforce information.

Connect Performance

Connect performance was launched in early 2023 and is the online system for recording objectives, development needs and appraisals.

Connect Learning

This is the online portal for holding and recording learning programmes and will allow reporting of compliance with training requirements. HCS learning collateral is currently being reviewed to allow its movement onto Connect Learning

Employee Central

Employee Central was launched week commencing 20th November and is an online system for employees to make changes to their personal information and data. It is also the system by which managers can make changes to employment conditions of their colleagues, such as length of fixed term contract, change of hours or acting up, without the need for forms and central approval.

Talent Acquisition

Talent Acquisition was rolled out at the end of December 2023 and is the online system for all recruitment activity. Managers will be able to initiate recruitment to a vacant budgeted role without the need for paperwork and central approval. In addition to simplifying the process for managers it will provide accurate recruitment information and pipeline data.

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25th January 2024		
Title of paper:	Health and Community Services Quality and Performance Report (QPR) 2024		
Report author (& title):	Beverley Edwards Head of Informatics	**Accountable Executive:**	Anuschka Muller, Director of Improvement and Innovation

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board? *(brief statement & tick as appropriate)* *Any pre-reading*	To present the agreed list of indicators that will be included in the HCS QPR in 2024 To introduce the new format of the report as performance is presented through Statistical Process Control (SPC) charts	Information	x
		Decision	
		Assurance	
		Update	

2. Executive Summary

Each year, HCS reviews the list of key performance indicators that are monitored by the HCS Executive and the HCS Advisory Board through the Quality & Performance Report (QPR). This is part of the performance and governance arrangements of the organisation.

Indicators need to reflect the organisation's strategic and operational objectives. In the case of a health and care organisation, these include patient and client safety, safeguarding, patient and client outcomes, service delivery productivity and efficiency.

Indicators are reviewed on an annual basis to ensure they maintain currency. More frequent review is discouraged so that there is consistency and continuity of monitoring throughout the year. HCS has more granular performance reporting available at care group levels and through the Board Assurance sub-committees.

For 2024, HCS has taken the decision to move to Statistical Process Control reporting instead of tabular reporting. This reduces the risk that small positive or negative changes in a particular month will be over-interpreted by setting them in context. This is a well-established practice across health care internationally and is particularly important in Jersey, given the small numbers in many categories. The paper includes a mock-up of the new format of the report – it is noted that this is a work in progress.

See main report.

3. Finance / workforce implications

N/A

4. Risk and issues

N/A

5. Applicability to ministerial plan

The indicators in the report include those that are included in the Government of Jersey Service Performance Measures

6. Recommendation

The HCS Advisory Board is asked to note the new set of indicators for 2024.

END OF REPORT

Heath & Community Services Quality & Performance Report 2024

Introduction

Each year, HCS reviews the list of key performance indicators that are monitored by the HCS Executive and the HCS Advisory Board through the Quality and Performance Report (QPR). This is part of the performance and governance arrangements of the organisation.

Indicators need to reflect the organisation's strategic and operational objectives. In the case of a health and care organisation, these include patient and client safety, safeguarding, patient and client outcomes, service delivery productivity and efficiency.

Indicators are reviewed on an annual basis to ensure they maintain currency. More frequent review is discouraged so that there is consistency and continuity of monitoring throughout the year. HCS has more granular performance reporting available at care group levels and through the board assurance sub-committees.

The Indicators

The list of indicators has been compiled following consultation with:

- HCS Change Team
- Care Groups
- Executive Team: Chief Operating Officer – Acute Services, Director Mental Health & Social Care, Medical Director and Chief Nurse
- HCS Senior Leadership Team (SLT)

The table below contains the agreed list of indicators for publication in the QPR 2024. In the final column, those indicators which will also be published in the GOJ Service Performance Measures (SPM) each quarter are ticked.

Indicators that were reported in the 2023 Performance measures that have transferred to the 2024 report have been flagged in the penultimate column of the table and Appendix A shows 2023 indicators not in the proposed list for 2024 and therefore no longer publicly reported.

Section	Subsection	Indicator	In 2023 QPR?	GOJ SPM
Elective Care Performance	Elective Pathways	Patients waiting for first outpatient appointment > 52 weeks	N	✓
		Patients on elective list > 52 weeks	N	✓
		Access to diagnostics > 6 weeks	N	✓
	Efficiency	Outpatient N:FU rate	Y	✓

		Outpatient DNA rate (Adults only)	Y - but all ages	✓
		Outpatient WNB rate (Patients under 18)	Y	✓
		Theatre Utilisation (capped)	Y	✓
		On the day Theatre cancellations (New indicator – detail being worked up)	N	
Emergency Care Performance	Emergency Care Pathway	Waits in emergency care > 4 hrs	N	✓
		Waits in emergency care > 12 hrs	N	
	Patient Flow	Patient moves for non-clinical reasons > 22:00 and < 08:00	N	
		Total Bed Days Delayed Transfer of Care (DTOC)	Y	
	Emergency Inpatients	Emergency acute Length of Stay (LOS)	Y – but renamed	
		Rate of Emergency readmission within 30 days of a previous inpatient discharge	Y	✓
Maternity	To include full scorecard	See below		
Mental Health	Jersey Talking Therapies (JTT)	% of clients waiting for assessment who have waited over 90 days	Y	
		% of clients who started treatment in period who waited over 18 weeks	Y	Being removed
		JTT Average waiting time to treatment (Days)	Y	
	Community Mental Health Services	Memory Service - Average Time to assessment (Days)	Y	
		% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Y	✓
		% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Y	✓
		ADHD Waiting Times (New indicator – detail being worked up)	N	
		Autism Waiting Times (New indicator – detail being worked up)	N	
		% of Adult Acute discharges with a face-to-face contact from an appropriate Mental Health professional within 3 days	Y	
		% of Older Adult discharges with a face-to-face contact from an appropriate Mental Health professional within 3 days	Y	
		Community Mental Health Team did not attend (DNA) rate	Y	
	Inpatient Mental Health	Mental Health Unit Bed Occupancy	N – was two separate measures	✓

		Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Y	
Social Care	Learning Disability	Percentage of clients with a Physical Health check in the past year	Y	
	Adult Social Care Team (ASCT)	Percentage of Assessments completed and authorised within 3 weeks (ASCT) ** being reviewed (New PTL process being introduced during Q1 – Indicator will be replaced)	Y	
Quality & Safety	Mortality	Crude mortality - % patients whose discharge outcome = death	N	
	Safety	Reporting rate of patient safety incidents per 1000 bed days	N	
		Patient safety incidents with severe/major/extreme harm/death	N	
		Serious Incidents	Y	
		Number of falls resulting in moderate / severe harm per 1000 bed days	Y - but includes low harm	
		Pressure Ulcers on admission	N	
		Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	Y	
		Number of medication errors across HCS resulting in harm per 1000 bed days	Y	
		% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	Y	
		NEWS compliance	N	
	Infection Control	Healthcare Associated C. Difficile Infections	Y	
		Healthcare Associated MRSA blood steam Infections	Y	
		Healthcare Associated E. coli blood steam Infections	Y	
		Outbreaks	N	
	Experience	Compliments received	Y	
		Formal complaints received	Y	

Maternity reporting will not follow the same format as the other sections of the QPR. A new dashboard has been developed as part of the Maternity Improvement Programme. This will be included in the QPR in its entirety, however not all indicators are currently available. This is a work in progress and new indicators will be added as they become available through the year. Some of these are dependent on the implementation of the new Maternity EPR system.

The current dashboard which is still a work in progress is as shown below:

MATERNITY DASHBOARD

STATUS	INDICATOR NAME	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	TREND	YTD
PROD	Total Births	63	77	60	68	59	68	53	77	71	64	60	65	59		781
	% primary postpartum haemorrhage >= 1500ml	4.8%	5.2%	3.3%	4.4%	5.1%	14.7%	3.8%	3.9%	2.8%	4.7%	10.0%	9.2%	5.1%		6.0%
	% Spontaneous vaginal births (including home births and breech vaginal deliveries)	28.3%	44.0%	50.0%	46.3%	33.9%	23.9%	40.4%	35.2%	32.4%	34.4%	36.4%	28.1%	19.0%		35.4%
	% of babies that have APGAR score below 7 at 5 mins	2.0%	ND	ND	1.8%	1.8%	1.8%	ND	ND	ND	2.7%	ND	2.5%	ND		1.0%
	% of births less than 27 weeks	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
TEST	% of births less than 37 weeks	12.7%	13.0%	10.0%	13.2%	3.4%	10.3%	0.0%	7.8%	2.8%	3.1%	13.3%	1.5%	3.4%		7.0%
	Transfer of Mothers from Inpatients	0	0	1	2	1	1	0	0	0	0	0	2	1		8
	Transfer of Neonates from JNU	0	0	0	0	0	0	0	1	0	0	0	1	1		3
	% 3rd & 4th degree tears – all births	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	1.6%	3.3%	1.5%	0.0%		0.6%
	% Emergency Caesarean Sections at full dilatation	0.0%	26.3%	18.2%	9.1%	8.3%	5.3%	20.0%	0.0%	6.3%	10.0%	5.6%	13.3%	0.0%		9.5%
	Number of admissions to Jersey Neonatal Unit at or above 37 weeks gestation (per 1000)	143	0	167	364	667	0	ND	0	ND	ND	ND	1000	667		2865
	% Babies born nefore arrival (BBA)	0	0	0	0	0	0	0	0	0	0	0	0	0		4
	% live births < 3rd centile delivered > 37+6 weeks (detected & undetected SGA)	3.2%	2.6%	3.3%	2.9%	1.7%	4.5%	0.0%	0.0%	1.4%	1.6%	1.7%	3.1%	3.4%		2.2%
	Number of stillbirths	0	0	0	0	0	0	0	0	0	0	0	0	0		0
DEV	Proportion of Mothers who were current smokers at booking appt	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Proportion of Mothers who were smoking at delivery	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Proportion of Mothers who were consuming alcohol at booking appt	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Proportion of Mothers who were consuming alcohol at delivery	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Neonatal mortality rate (<28 days)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	HIE (per 1,000)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Transfer of care during pregnancy (planned)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Rate of Intrapartum Stillbirth (per 1,000)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0
	Booking <70 days gestation	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		0

The New Board Report

For 2024, HCS has taken the decision to move to Statistical Process Control reporting instead of tabular reporting. This reduces the risk that small positive or negative changes in a particular month will be over-interpreted by setting them in context. This is a well-established practice across health care internationally and is particularly important in Jersey, given the small numbers in many categories.

Overall performance narratives will be supplied for each section of the report with a commentary for escalations, instead of exception reporting at individual indicator level.

Optional pages to allow further investigation or deep dive into certain areas will be available as required by the HCS Executive or HCS Advisory Board. These are likely to be in arrears, given the tight timescales for reporting in month. However, building these into the Quality and Performance report enables all performance information to be in one place, thereby increasing transparency.

At the time of writing, this report is still in development, however a mock-up has been included as an example of the layout. This includes the standards that have been provisionally set to date, all of which use the assumption of continuous improvement. Some of these standards are carried over from previous years, however all standards are provisional because, as yet, final figures for 2023 are not available. It is also noted that setting a target or standard is not always appropriate.

Appendix A: List of indicators in QPR 2023 that are not in the draft list for 2024

Please note that the following indicators that are in the current 2023 QPR are not included in the above list and will therefore not be visible to the Board in the QPR:

(Maternity will have its own separate performance report)

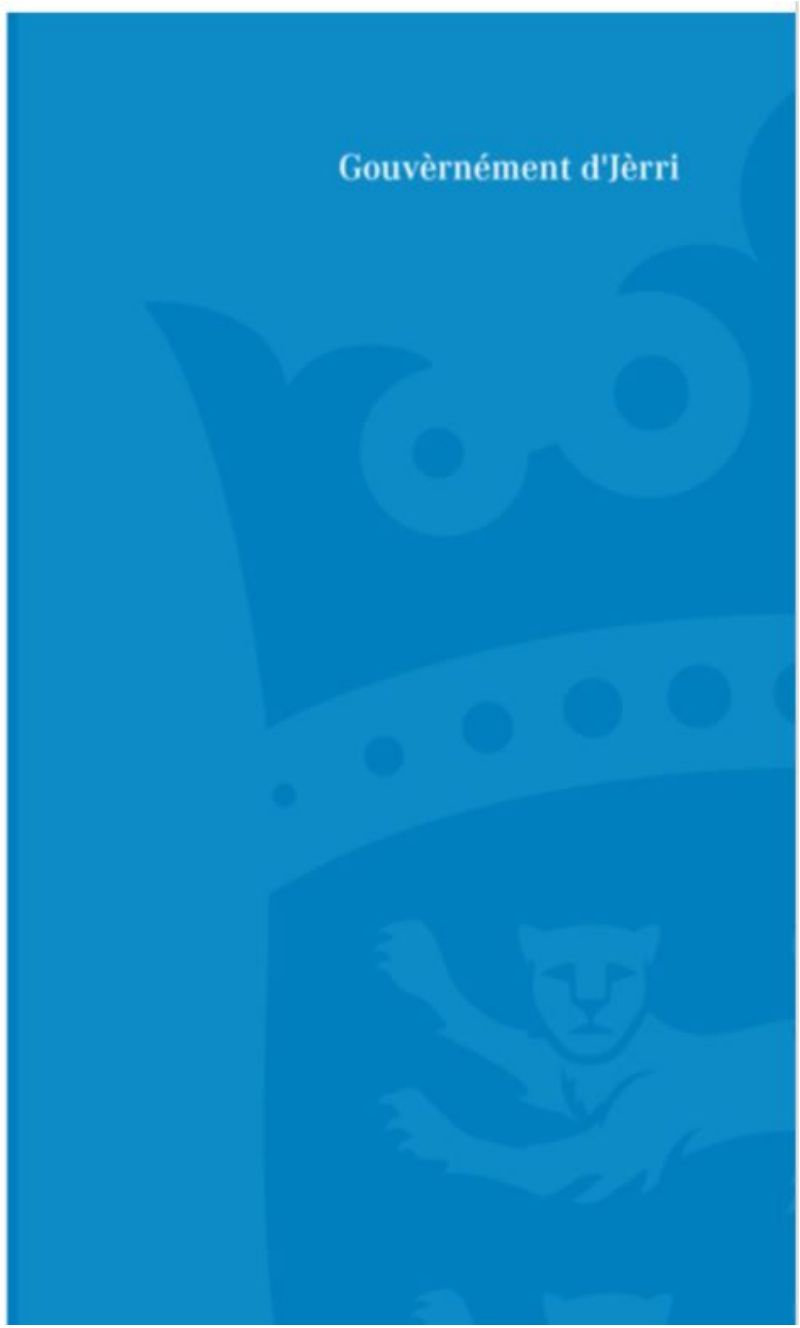
Section	Subsection	Indicator	Notes
Demand	Demand	General & Acute Outpatient Referrals	
		General & Acute Outpatient Referrals - under 18	
		Additions to Inpatient Waiting List	
		Referrals to Mental Health Crisis Team	
		Referrals to Mental Health Assessment Team	
		Referrals to Memory Service	
		Referrals to Jersey Talking Therapies	
Activity	Activity	General & Acute Outpatient Attendances	
		Elective Admissions	
		Elective Day Cases	
		Elective Regular Day Admissions	
		Ward Attenders and Ambulatory Emergency Care (AEC) non-elective day admissions	
		Emergency Department Attendances	
		Admissions to Adult Mental Health unit (Orchard House)	
		Admissions to Older Adult Mental Health unit (Beech/Cedar wards)	
Waiting Lists	Waiting Lists	Outpatient 1st Appointment Waiting List	
		Outpatient 1st Appointment Waiting List - Acute	
		Outpatient 1st Appointment Waiting List - Community	
		Diagnostics Waiting List	
		Elective Waiting List	
		Elective Waiting List - under 18	
		Jersey Talking Therapies Assessment Waiting List	
General & Acute Waiting Lists	Outpatients	% patients waiting over 90 days for 1st outpatient appointment	**Was in GOJ SPM**
		% patients waiting over 90 days for 1st outpatient appointment - Acute	
		% patients waiting over 90 days for 1st outpatient appointment - Community	
	Diagnostics	% patients waiting over 90 days for diagnostics	**Was in GOJ SPM** Replacing with % waiting over 6 weeks
	Inpatients	% patients waiting over 90 days for elective admission	**Was in GOJ SPM**

Planned (Elective) Care	Elective Inpatients	Acute elective Length of Stay (LOS)	**Was in GOJ SPM**
		% of all elective admissions that were day cases	
		% of all elective admissions that were private	
	Theatres	Turnaround Time as a % of total session time	
Unplanned (Non-elective / Emergency) Care	Emergency Department (ED)	Median Time from Arrival to Triage	
		% Triaged within Target - Minor	
		% Triaged within Target - Major	
		Median Time from Arrival to commencing Treatment	% commencing treatment within 60 minutes was in GOJ SPM
		% Commenced Treatment within Target - Minor	
		% Commenced Treatment within Target - Major	
		Median Total Stay in ED (mins)	
		Total patients in ED > 10 hours	
		ED conversion rate	**Was in GOJ SPM**
	Emergency Inpatients	% Emergency admissions with 0 Length of Stay (Same day discharge)	
		% of Inpatients discharged between 8am and noon	
		Average daily number of patients Medically Fit For Discharge (MFFD)	
		Total Bed Days Medically Fit For Discharge	
Mental Health	Jersey Talking Therapies (JTT)	% of eligible cases that have completed treatment and were moved to recovery	
		% of eligible cases that have shown reliable improvement	
	Inpatient Mental Health	Adult Acute Admissions per 100,000 population - Rolling 12 month	**Was in GOJ SPM**
		Adult acute admissions under the Mental Health Law as a % of all admissions	
		Adult acute bed occupancy at midnight (including leave)	Being combined into one Mental Health occupancy measure
		Older Adult Admissions per 100,000 population - Rolling 12 month	
		Older adult acute bed occupancy (including leave)	Being combined into one Mental Health occupancy measure

Social Care		Percentage of new Support Plans reviewed within 6 weeks (ASCT)	
Women's and Children's Services	Maternity	% deliveries home birth (Planned & Unscheduled)	
		% Instrumental deliveries	
		% of women that have an induced labour	
		Number of stillbirths	
		Rate of Vaginal Birth After Caesarean (VBAC)	
		% births requiring Jersey Neonatal Unit admission	Number of admission to JNU at or above 37 weeks gestation (per 1000)
		Average length of stay on maternity ward	
	Children	Average length of stay on Robin Ward	
Quality & Safety	Infection Control	MSSA Bacteraemia	
		Klebsiella Bacteraemia	
		Pseudomonas Bacteraemia	
	Safety Events	Number of falls resulting in harm (low/moderate/severe) per 1,000 bed days	Changing to exclude low harm
		Number of falls per 1,000 bed days	
	Pressure Ulcers	Number of pressure ulcers acquired as an inpatient per 1,000 bed days	
		Number of Cat 2 pressure ulcers acquired as an inpatient per 1,000 bed days	
	Feedback	Number of comments received	
		% of all complaints closed in the period which were responded to within the target	

Health and Community Services

Quality and Performance Report December



Health and Community Services

INTRODUCTION

TBC

PURPOSE

The Quality and Performance Report (QPR) is the reporting tool providing assurance and evidence that care groups are meeting quality and performance across the full range of HCS services and activities. Indicators are chosen that are considered important and robust to enable monitoring against the organisations strategic and operational objectives.

SPONSORS:

Interim Chief Nurse - Jessie Marshall
Medical Director - Patrick Armstrong
Director Clinical Services - Claire Thompson
Director Mental Health & Adult Social Care - Andy Weir

DATA

HCS Informatics

Health and Community Services

EXECUTIVE SUMMARY

The Quality & Performance Report is designed to provide assurance in relation to Health and Community Services performance. Indicators are chosen that are considered important and robust to enable monitoring against the organisations objectives.

Elective Care Performance

Performance Narrative

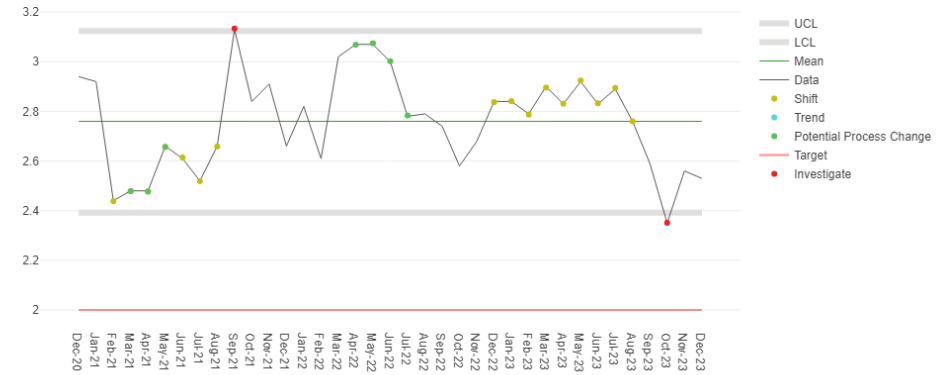
This is an example text which will be available for all sections... We will add a header row above this to show the Owner of the section.
Elective Care Performance – Chief Operating Officer – Acute Services
Emergency Care Performance - Chief Operating Officer – Acute Services
Maternity – Chief Nurse
Mental Health – Director Adult Mental Health & Social Care
Social Care – Director Adult Mental Health & Social Care
Quality & Safety – Medical Director / Chief Nurse

Escalations

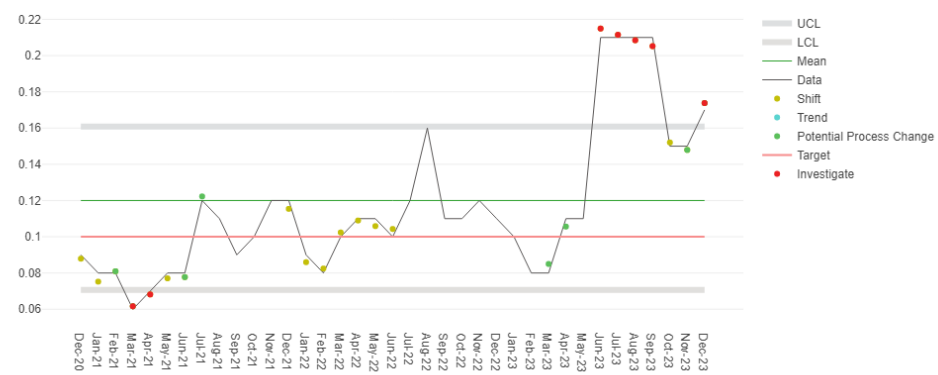
This is the second section on this page.

Elective Care Performance - SPC Charts

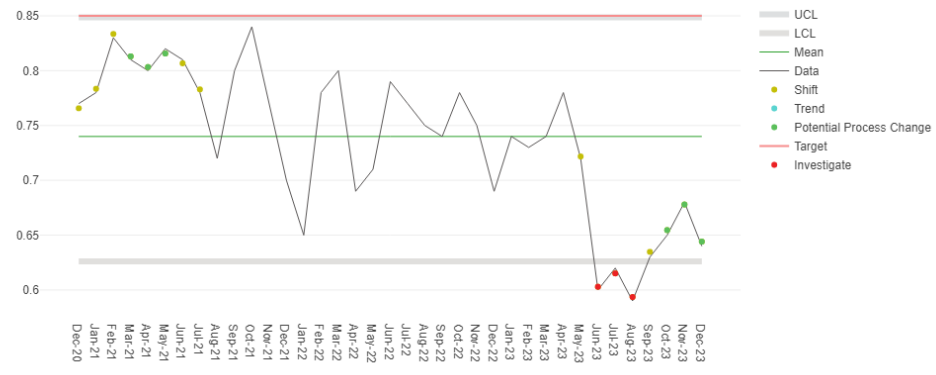
Latest value	Mean
3	3



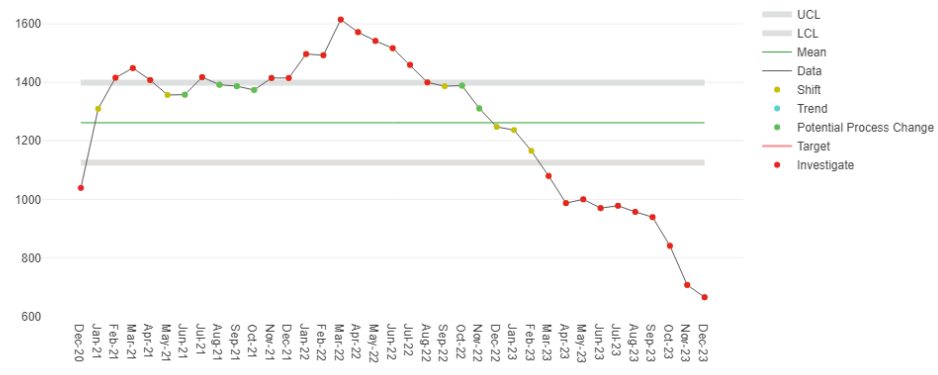
Latest value	Mean
0	0



Latest value	Mean
1	1



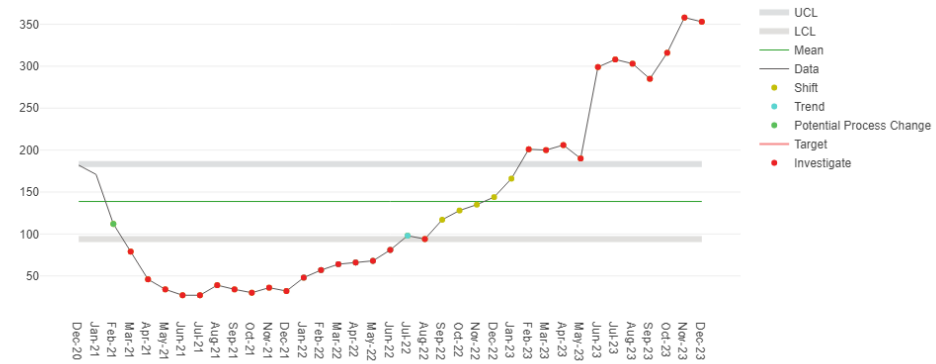
Latest value	Mean
665	1,262



Elective Care Performance - SPC Charts

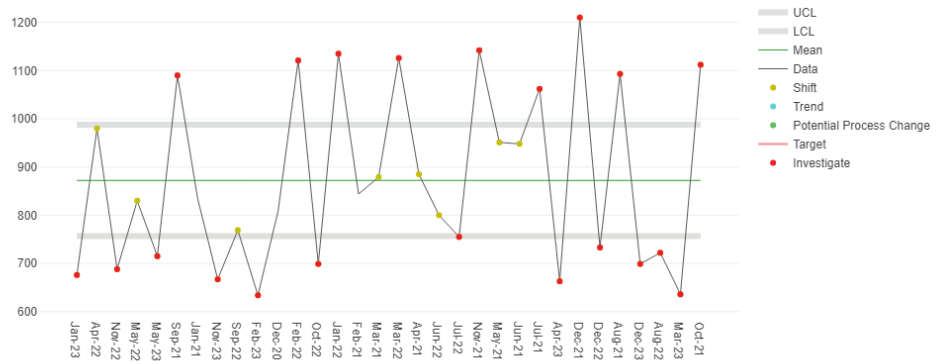
Latest value	Mean
353	139

Patients on elective list Greater Than 52 weeks



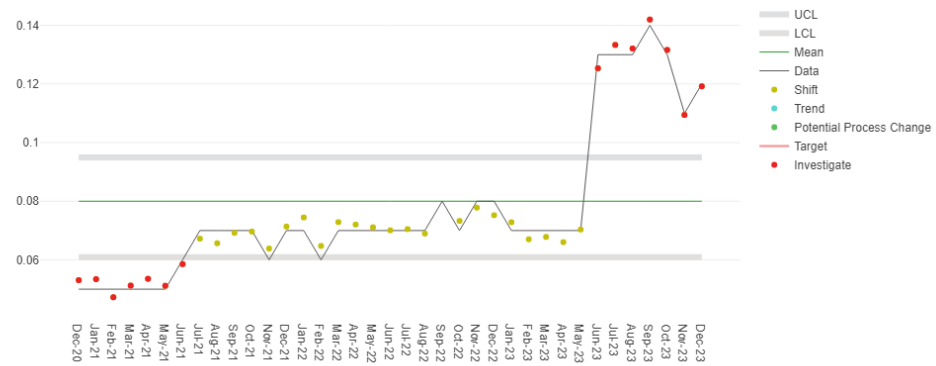
Latest value	Mean
699	872

Access to diagnostics Greater Than 6 weeks



Latest value	Mean
0	0

Outpatient Did Not Attend (DNA) Rate (Adults Only)



Latest value	Mean
5	4

Number of operations cancelled by the hospital on the day for Non-Medical Reasons

Elective Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
New to follow-up ratio	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally	Rate of new (first) outpatient appointments to follow-up appointments. This being the number of follow-up appointments divided by the number of new appointments in the period. Excludes Private patients.
Was Not Brought Rate	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))	Standard set locally based on average (mean) of previous two years' data	Percentage of JGH/Overdale public outpatient appointments where the patient did not attend (was not brought). Numerator: Number of JGH/Overdale public outpatient appointments where the patient did not attend. Denominator: Number of all attended and unattended appointments. Under 18 year old patients only. All specialties included.
Elective Theatre List Utilisation (Main Theatres and Day Surgery, Excluding Minor Operations)	Hospital Electronic Patient Record (TrakCare Operations Report (OPT7B), TrakCare Theatres Report (OPT11A), Maxims Theatres Report (TH001DM) & Maxims Session Booking Report (TH002DM))	NHS Benchmarking- Getting It Right First Time 2024/25 Target	The percentage of booked theatre sessions that are used for actively performing a procedure. This being the sum of touch time divided by the sum of booked theatre session duration (as a percentage). This is reported for all operations (Public and Private) with the exception of Minor Ops, Maternity and Endoscopy.
Patients waiting for first outpatient appointment Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Report (WLS6B) & Maxims Outpatient Waiting List Report (OP2DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients who have been waiting for over 52 weeks for a first Outpatient appointment at period end
Patients on elective list Greater Than 52 weeks	Hospital Electronic Patient Record (TrakCare Inpatient Listings Report (WLT11A) & Maxims Inpatient Listings Report (IP9DM))	Standard set as a trajectory to get to 0 by year end, so 75% of 2023 year end value by end of Q1, 50% by end Q2, 25% by end Q3 and 0 by end Q4	Number of patients on the elective inpatient waiting list who have been waiting over 52 weeks at period end.
Access to diagnostics Greater Than 6 weeks	Hospital Electronic Patient Record (TrakCare Outpatient Waiting List Reports (WLS6B; WLT11A) & Maxims Outpatient Waiting List Reports (OP001DM and IP009DM), Cris report)		Number of patients waiting longer than 6 weeks for a first Diagnostic appointment at period end
Outpatient Did Not Attend (DNA) Rate (Adults Only)	Hospital Electronic Patient Record (TrakCare Outpatients Report (BKG1A) & Maxims Outpatients Report (OP1DM))		Percentage of public General & Acute outpatient (>=18 Years old) appointments where the patient did not attend and no notice was given. Numerator: Number of General & Acute public outpatient (>=18 years old) appointments where the patient did not attend. Denominator: the number of attended and unattended appointments (>=18 Years old)
Number of operations cancelled by the hospital on the day for Non-Medical Reasons			

Elective Care Performance

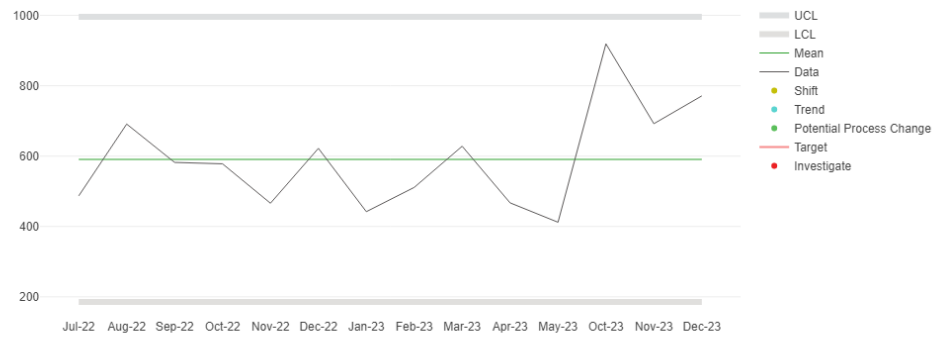
Additional Commentary / Deep Dive

This is an optional page (or pages) for each section that can be used by the team to provide more detailed analysis. It may include more detailed indicators to help tell the story etc. It is likely that these deep dives will be in arrears given the timescales of report turnaround required for in month Board reporting
We need the functionality of turning it on and off as needed.

Emergency Care Performance - SPC Charts

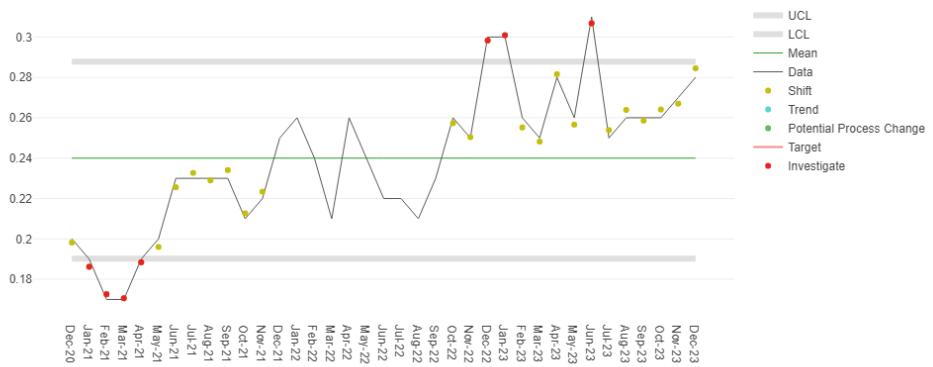
Latest value	Mean
771	591

Total Bed Days Delayed Transfer Of Care (DTOC)



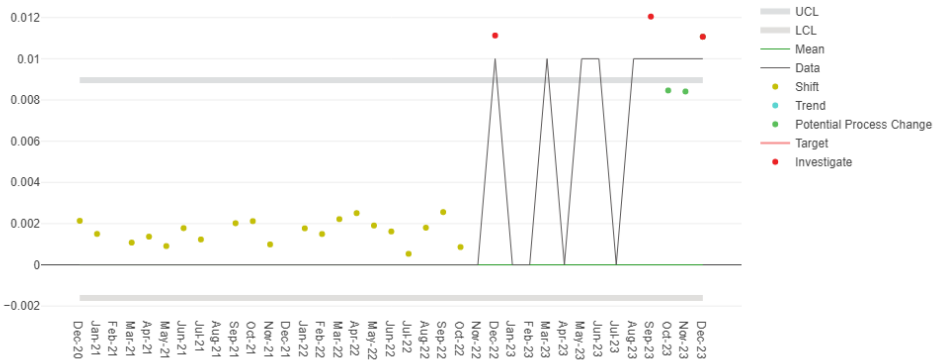
Latest value	Mean
0	0

% Patients in Department Greater Than 4 Hours



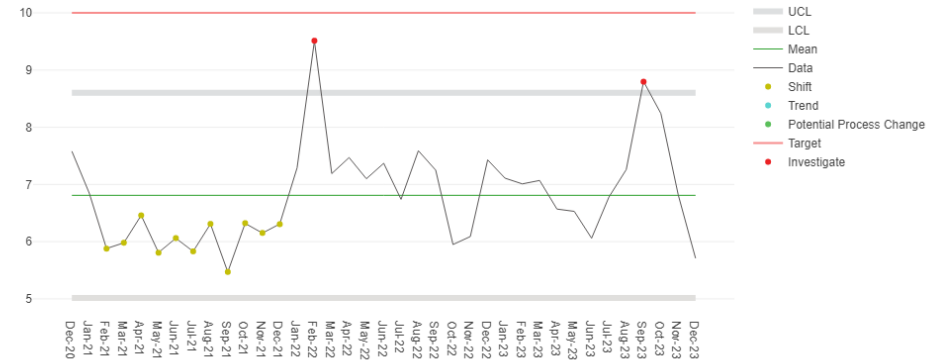
Latest value	Mean
0	0

% Patients in Department Greater Than 12 Hours



Latest value	Mean
6	7

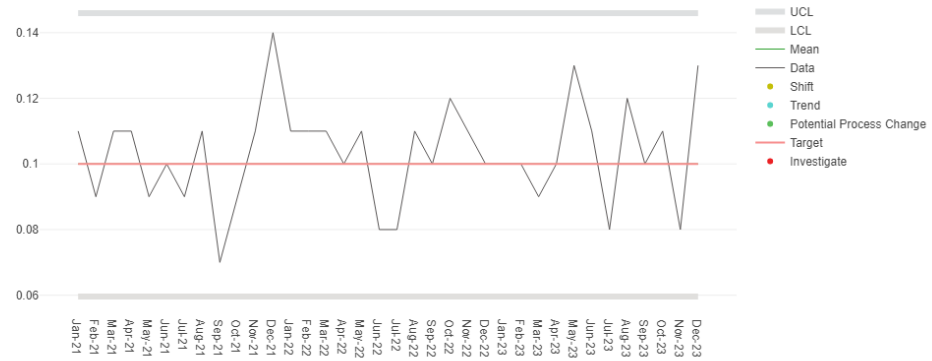
Non-elective acute Length of Stay (LOS)



Emergency Care Performance - SPC Charts

Latest value	Mean
0	0

Rate of Emergency readmission within 30 days of a previous inpatient discharge



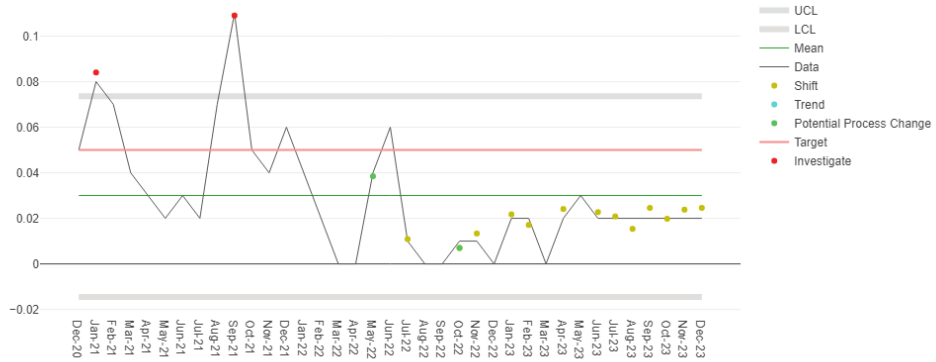
Emergency Care Performance - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Rate of Emergency readmission within 30 days of a previous inpatient discharge	Hospital Electronic Patient Record (TrakCare Admissions Report (ATD5L, TrakCare Discharges Report (ATD9P), Maxims Admssions and Discharge Report (IP013DM))	Generated based on historic performance	The rate of emergency readmission. This being the number of eligible emergency admissions to Jersey General Hospital occurring within 30 days (0-29 days inclusive) of the last, previous eligible discharge from hospital as a percentage of all eligible discharges from JGH and Overdale. Exclusions apply see detailed definition at: https://files.digital.nhs.uk/69/A27D29/Indicator%20Specification%20-%20Compendium%20Readmissions%20%28Main%29%20-%20I02040%20v3.3.pdf
Non-elective acute Length of Stay (LOS)	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P) & Maxims Admissions and Discharge Report (IP13DM))	Generated based on historic performance	Average (mean) Length of Stay (LOS) in days of all emergency inpatients discharged in the period from a General Hospital ward. All days of the stay are counted in the period of discharge. E.g. a Patient with a 100 day LOS, discharged in January, will have all 100 days counted in January. This indicator excludes Samares Ward. During the period 2020 to 2022 Samares Ward was closed and long stay rehabiliation patients were treated on Plemont Ward and therefore the data is not comparable for this period.
Total Bed Days Delayed Transfer Of Care (DTOC)	Hospital Electronic Patient Record (TrakCare Current Inpatients Report (ATD49) & Maxims Current Inpatients Report (IP20DM))	Not Applicable	Sum of bed days in period of patients marked as Delayed Transfer Of Care (DTOC)
% Patients in Department Greater Than 4 Hours			Percentage of patients in the department > 4 hours
% Patients in Department Greater Than 12 Hours			Percentage of patients in the department > 12 hours

Mental Health - SPC Charts

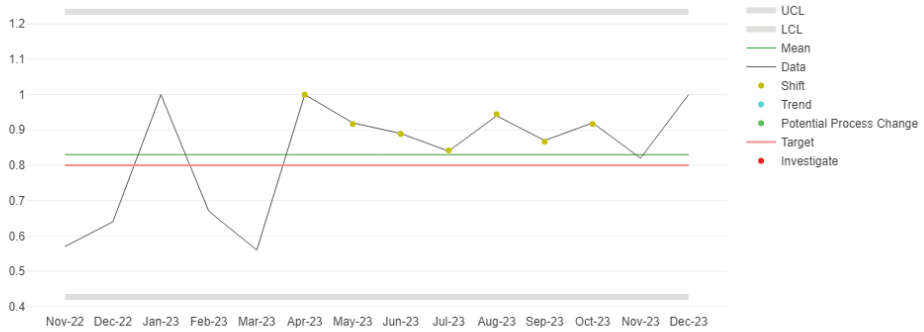
Latest value	Mean
0	0

% of clients waiting for assessment who have waited over 90 days



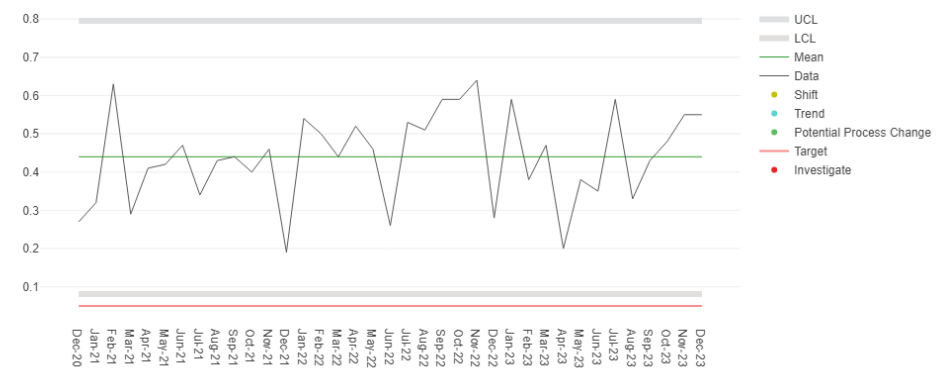
Latest value	Mean
1	1

% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days



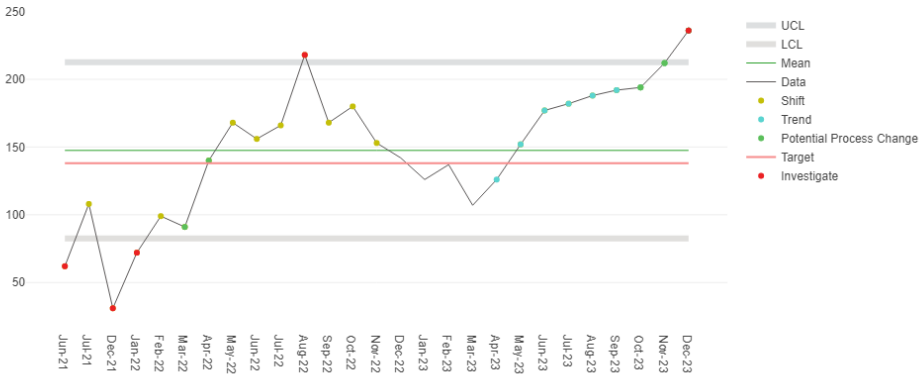
Latest value	Mean
1	0

% of clients who started treatment in period who waited over 18 weeks



Latest value	Mean
236	148

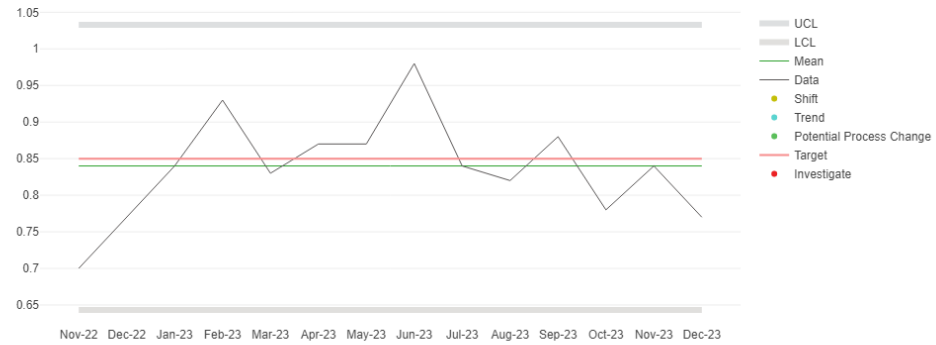
Memory Service - Average Time to assessment (Days)



Mental Health - SPC Charts

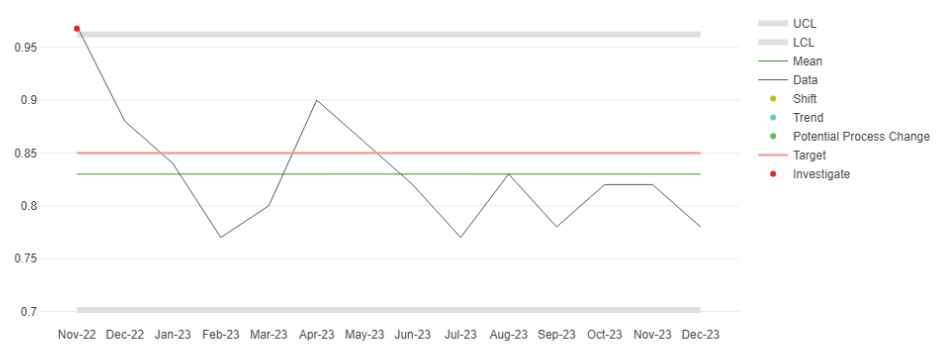
Latest value	Mean
1	1

% of referrals to Mental Health Crisis Team assessed in period within 4 hours



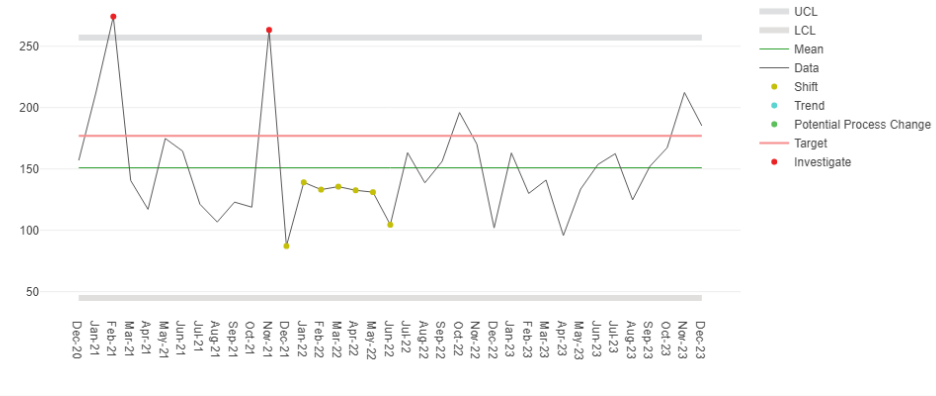
Latest value	Mean
1	1

% of referrals to Mental Health Assessment Team assessed in period within 10 working days



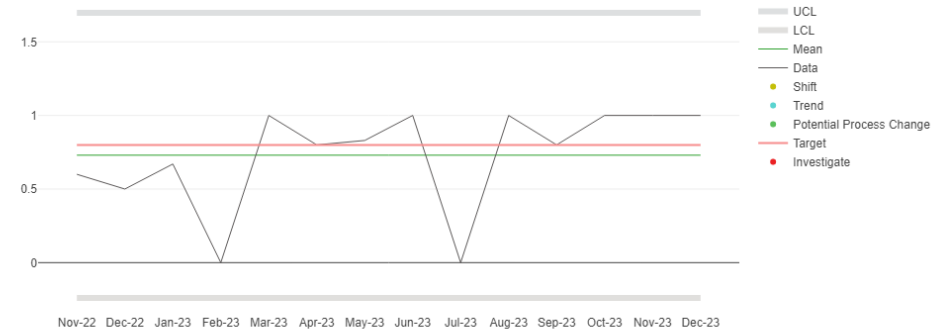
Latest value	Mean
185	151

JTT Average waiting time to treatment (Days)



Latest value	Mean
1	1

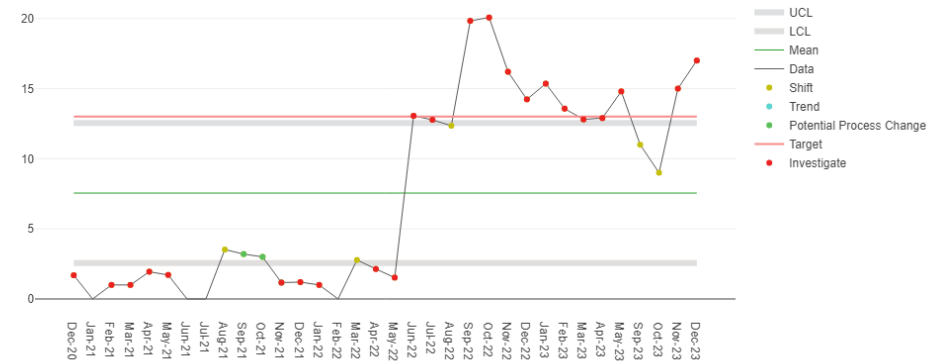
% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days



Mental Health - SPC Charts

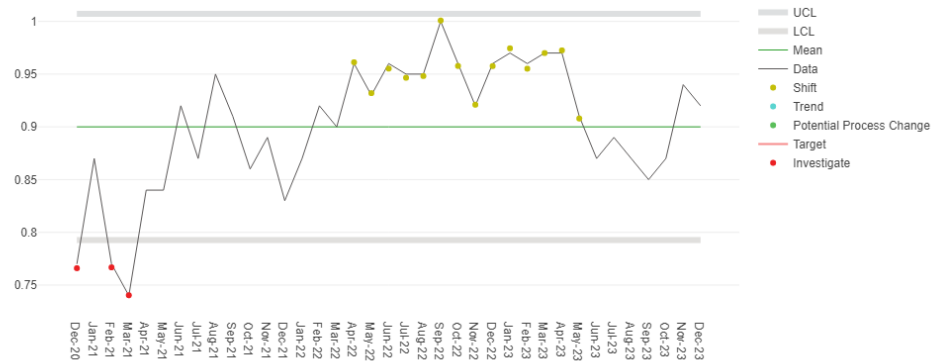
Latest value	Mean
17	8

Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards



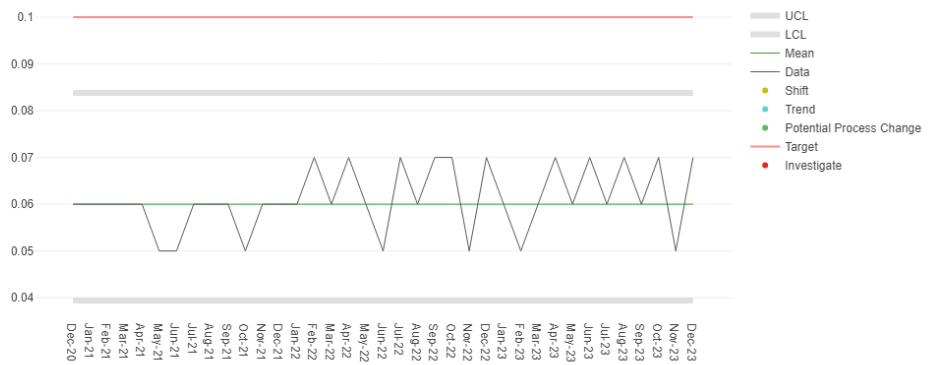
Latest value	Mean
1	1

Mental Health Unit Bed occupancy at midnight (Adult and Older Adult Units)



Latest value	Mean
0	0

Community Mental Health Team did not attend (DNA) rate



Mental Health - Indicator & Standard Definitions

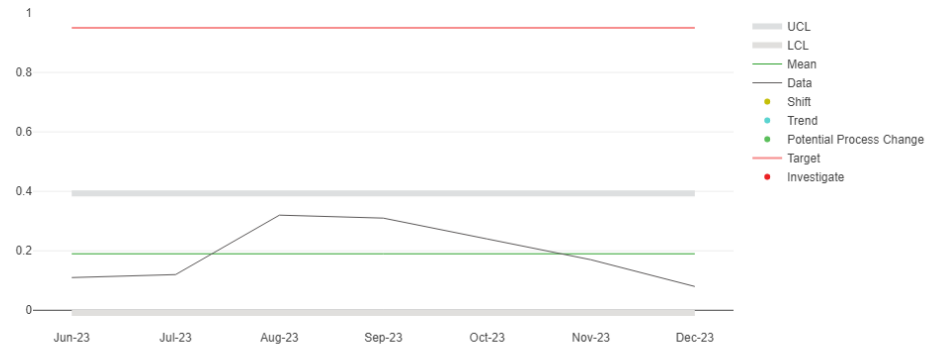
Indicator	Source	Standard Source	Definition
Community Mental Health Team did not attend (DNA) rate	Community services electronic client record system	Standard based on historic performance	Rate of Community Mental Health Team (CMHT) outpatient appointments not attended. Numerator: Number of Community Mental Health Team (CMHT, including Adult & Older Adult services) public outpatient appointments where the patient did not attend. Denominator: Total number of Community Mental Health Team (CMHT, including Adult & Older Adult services) appointments booked
% of clients who started treatment in period who waited over 18 weeks	JTT & PATS electronic client record system	Improving Access to Psychological Therapies (IAPT) Standard	Percentage of JTT clients waiting more than 18 weeks to commence treatment. Numerator: Number of JTT clients beginning treatment who waited longer than 18 weeks from referral date. Denominator: Total number of JTT clients beginning treatment in the period
% of clients waiting for assessment who have waited over 90 days	JTT & PATS electronic client record system	Improving Access to Psychological Therapies (IAPT) Standard	Number of JTT clients who have waited over 90 days for assessment, divided by the total number of JTT clients waiting for assessment
% of Adult Acute discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from 'Orchard House' with a Face-to-Face contact from Community Mental Health Team (CMHT, including Adult & Older Adult services) or Home Treatment within 72 hours divided by the total number of discharges from 'Orchard House'
Memory Service - Average Time to assessment (Days)	Community services electronic client record system	Generated based on historic percentiles	Average (mean) days waiting from the date of referral to the assessment date for all those who have been referred and assessed under the Memory Assessment Service centre of care
% of referrals to Mental Health Crisis Team assessed in period within 4 hours	Community services electronic client record system	Agreed locally by Care Group Senior Leadership Team	Number of Crisis Team referrals assesed within 4 hours divided by the total number of Crisis team referrals
% of referrals to Mental Health Assessment Team assessed in period within 10 working days	Community services electronic client record system	Agreed locally by Care Group Senior Leadership Team	Percentage of referrals to Mental Health Assessment Team that were assessment within 10 working day target. Numerator: Number of Assessment Team referrals assessed within 10 working days of referral. Denominator: Total number of Mental Health Assessment Team referrals received
JTT Average waiting time to treatment (Days)	JTT & PATS electronic client record system	Generated based on historic percentiles	Average (mean) days waiting from JTT referral to the first attended treatment session
% of Older Adult discharges with a face to face contact from an appropriate Mental Health professional within 3 days	Hospital Electronic Patient Record (TrakCare Discharges Report (ATD9P), TrakCare Admissions Report (ATD5L), Maxims Discharges Report (IP013DM), Maxims Admissions Report (IP013DM) & Community services electronic client record) system	National standard evidenced from Royal College of Psychiatrists	Number of patients discharged from an 'Older Adult' unit with a Face-to-Face contact from Older Adult Community Mental Health Team (OACMHT) or Home Treatment within 72 hours divided by the total number of discharges from 'Older Adult' units
Average daily number of patients Medically Fit For Discharge (MFFD) on Mental Health inpatient wards	Hospital Electronic Patient Record (TrakCare Current Inpatient Report (ATD49) & Maxims Current Inpatient Report (IP020DM))	Generated based on historic percentiles	Average (mean) number of Mental Health inpatients marked as Medically Fit each day at 8am

Indicator	Source	Standard Source	Definition
Mental Health Unit Bed occupancy at midnight (Adult and Older Adult Units)			

Quality & Safety - SPC Charts

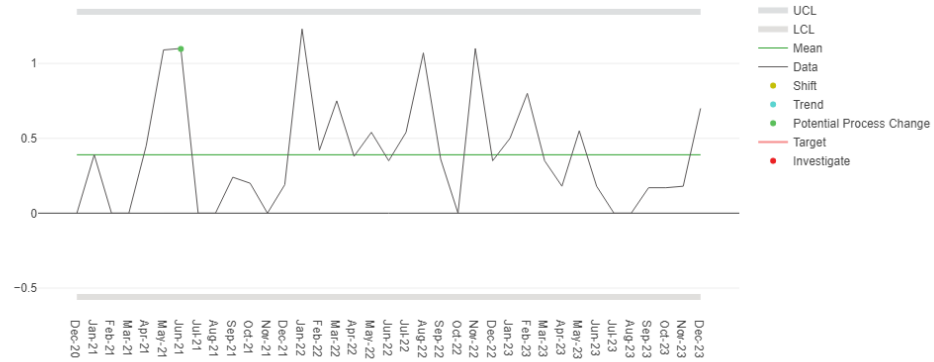
Latest value	Mean
0	0

% of adult inpatients who have had a VTE risk assessment within 24 hours of admission



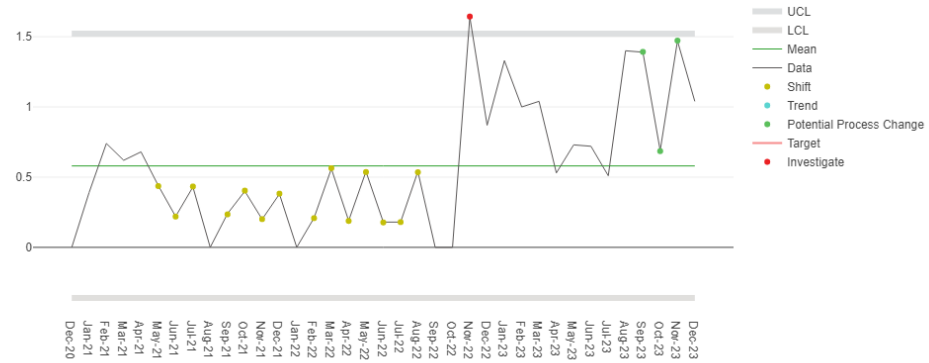
Latest value	Mean
1	0

Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days



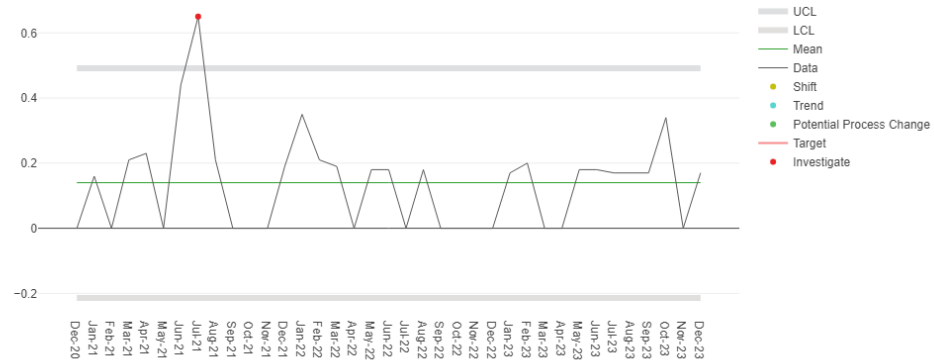
Latest value	Mean
1	1

Number of medication errors across HCS resulting in harm per 1000 bed days



Latest value	Mean
0	0

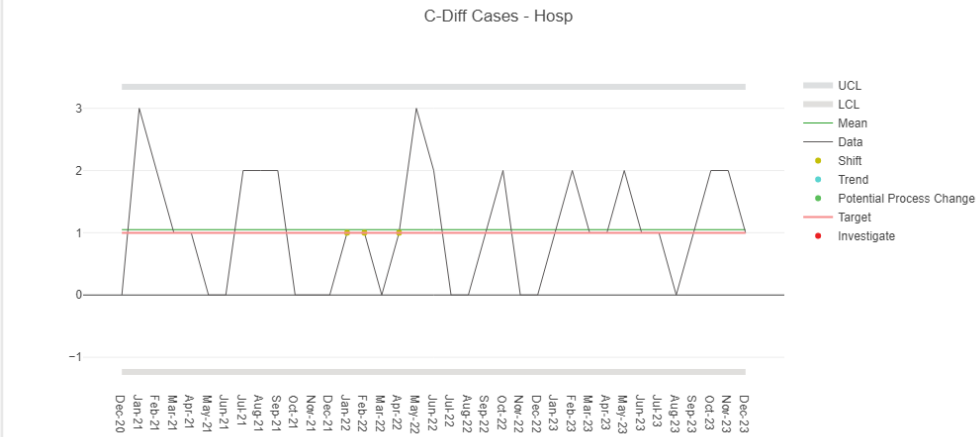
Number of falls resulting in harm (moderate/severe) per 1,000 bed days



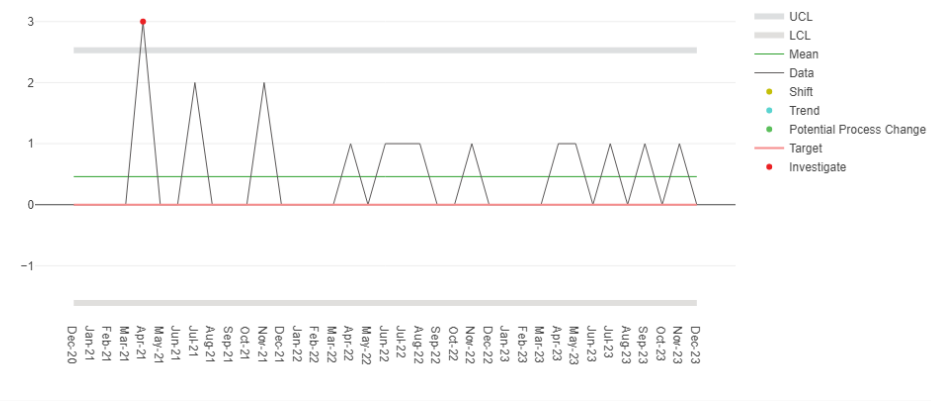
Quality & Safety - SPC Charts

Latest value	Mean
9	32

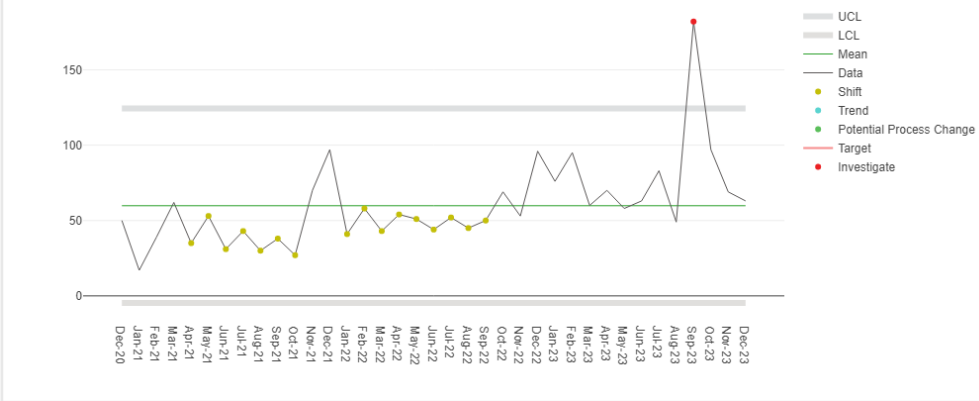
Latest value	Mean
1	1



Latest value	Mean
0	0

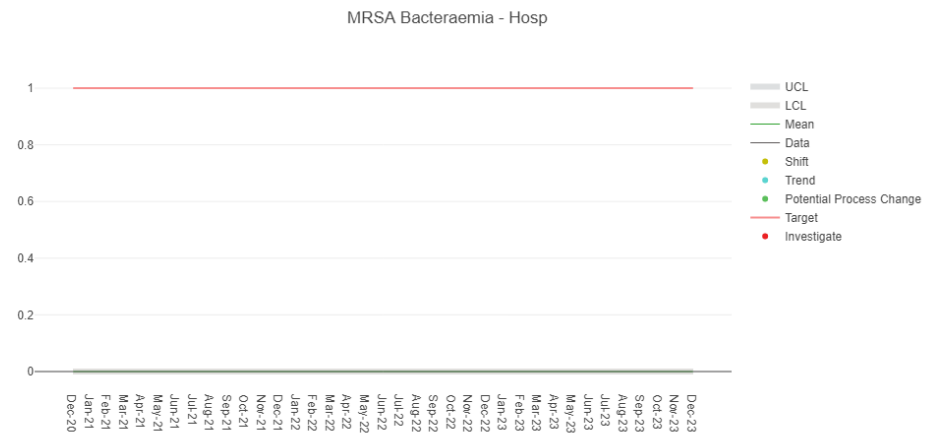


Latest value	Mean
63	60



Quality & Safety - SPC Charts

Latest value	Mean
0	0



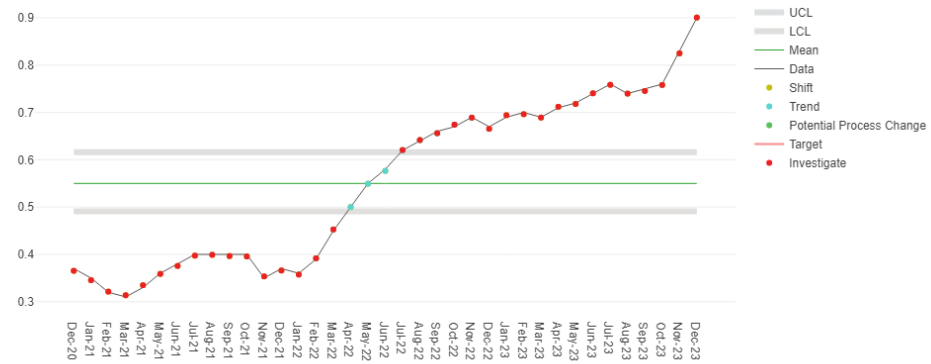
Quality & Safety - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Number of complaints received	HCS Feedback Management System (Datix)	Not Applicable	Number of formal complaints received in the period where the approval status is not "Rejected"
C-Diff Cases - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance (2020)	Number of Clostridium Difficile (C-Diff) cases in hospital in the period, reported by the IPAC team
Number of compliments received	HCS Feedback Management System (Datix)	Not Applicable	Number of compliments received in the period where the approval status is not "rejected"
MRSA Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of Methicillin Resistant Staphylococcus Aureus (MRSA) cases in hospital in the period, reported by the IPAC team
% of adult inpatients who have had a VTE risk assessment within 24 hours of admission	Hospital Electronic Patient Record (Maxims Report IP026DM)	NHS Operational Standard	Percentage of all inpatients (17 and over), (excluding paediatrics, maternity, mental health, and ICU) that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Numerator: Number of eligible inpatients that have a VTE assessment recorded through IMS Maxims within 24 hours of admission or before as part of pre-admission. Denominators: Number of all inpatients that are eligible for a VTE assessment.
E-Coli Bacteraemia - Hosp	Infection Prevention and Control Team Submission	Standard based on historic performance	Number of E. Coli bacteraemia cases in the hospital in the period, reported by the IPAC team
Number of Cat 3-4 pressure ulcers / deep tissue injuries acquired as inpatient per 1000 bed days	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Standard set locally based on improvement compared to historic performance	Number of inpatient Cat 3 & 4 pressure ulcers where approval status is not "Rejected" per 1000 occupied bed days
Number of medication errors across HCS resulting in harm per 1000 bed days	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	Standard set locally based on improvement compared to historic performance	Number of medication errors across HCS (including Mental Health) resulting in harm where approval status is not "Rejected" per 1000 occupied bed days. Note that this indicator will count both inpatient and community medication errors due to recording system limitations. As reporting of community errors is infrequent and this indicator is considered valuable, this limitation is accepted.
Number of falls resulting in harm (moderate/severe) per 1,000 bed days	Hospital Electronic Patient Record (TrakCare Ward Utilisation Report (ATD3Z) & Maxims Ward Utilisation Report (IP007DM)) & Datix Safety Events Report	No Standard Set	Number of inpatient falls with harm recorded where approval status is not "Rejected" per 1000 occupied bed days

Social Care - SPC Charts

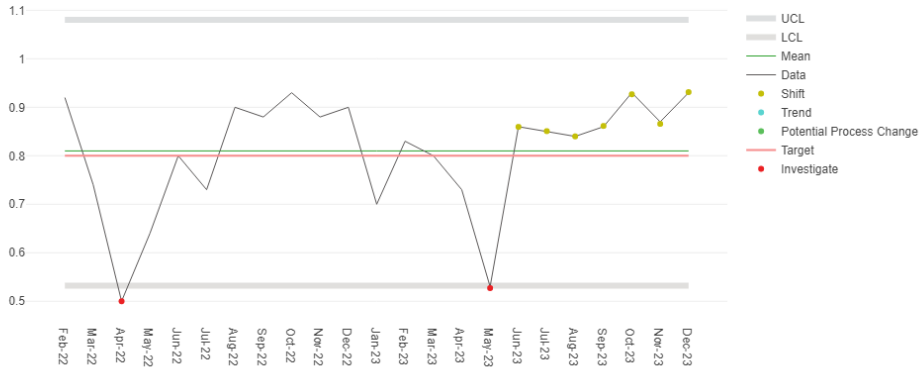
Latest value	Mean
1	1

Percentage of clients with a Physical Health check in the past year



Latest value	Mean
1	1

Percentage of Assessments completed and authorised within 3 weeks (ASCT)



Social Care - Indicator & Standard Definitions

Indicator	Source	Standard Source	Definition
Percentage of clients with a Physical Health check in the past year	Community services electronic client record system	Generated based on historic performance	Percentage of Learning Disability (LD) clients with an open involvement in the period who have had a physical wellbeing assessment within the past year. Numerator: Number of LD clients who have had a physical wellbeing assessment in the 12 months prior to period end. Denominator: Total number of clients with an open LD involvement within the period.
Percentage of Assessments completed and authorised within 3 weeks (ASCT)	Community services electronic client record system	Generated based on historic performance	Number of FACE Support Plan and Budget Summary opened in the ASCT centre of care that are opened then closed within 3 weeks, divided by the total number of FACE Support Plan and Budget Summary opened in the ASCT centre of care more than 3 weeks ago

Health and Community Services

Health and Community Services Advisory Board Report

Report to:	Health and Community Services Advisory Board		
Date of meeting:	25th January 2024		
Title of paper:	Serious Incident (SI) Report (reporting period December 2023)		
Report author (& title):	Quality and Safety Team	**Accountable Executive:**	Patrick Armstrong, Medical Director

1. Purpose

What is the purpose of this report? What is being asked of the HCS Advisory Board? *(brief statement & tick as appropriate)* *Any pre-reading*	To provide the HCS Advisory Board with an in month, • Overview of SI activity • Overview of year end activity • The identification of lessons learned • To note areas for escalation	Information	√
		Decision	
		Assurance	√
		Update	

2. Executive Summary

With the substantive appointment of the Head of Quality and Safety, a review of systems and processes is underway with a view to expediting the current process to enable early outcomes and improve learning. The medium to long term aim is to implement the patient safety incident reporting framework (PSIRF).

A paper will be brought to the future senior leadership team and form part of the agenda reporting to the forthcoming Quality Assurance Committee.

3. Finance / workforce implications

Nil of note pending the outcome of the process review

4. Risk and issues

Risk ID 1187: Inability to source specialist experts in a timely fashion

5. Main Report

2023 December SI activity report

40 SIs currently remain open and under investigation, 28 of which have not been investigated/closed within the 60-day time frame. Whilst this is regrettable, the Chief Nurse and Medical Director have introduced a weekly review process of all outstanding cases in order to identify areas where additional support is required. In addition, an external investigator has been recently engaged to complete legacy

investigations. The outcome of this targeted intervention has increased the timeliness of completion of SI investigation.

The aim is to have no more than 30 SI cases open at any one time with the expectation of completion within the 60-day timeframe by Q3 (unless by agreed extension timelines).

Thematic Review

20 previously reported SI cases have been combined into one SI and form part of the thematic review currently being under investigated by an external investigator NICHE and relate to major obstetric haemorrhage (MOH).

The outcome of this thematic review will be reported to a future HCS Advisory Board.

December 2023 in months activity

Seven SI were declared, and all are currently being investigated.

- Two relate to the Surgical Care Group.
- Two relate to the Women and Children's Care Group.
- Two relate to the Medicine Care Group.
- One relates jointly to the Medical and Surgical Care Group

Patient safety huddle

Within 48 hours of a potential SI occurring, a patient safety huddle takes place which involves a full multi-professional review of the incident to identify any immediate actions which can be implemented to prevent a repeat occurrence whilst a full investigation is underway.

At this time, the Duty of Candour is explored to ensure that full patient, relative and carer involvement has arisen and support and point of contact if required is initiated. Supportive measures for staff concerned are also identified and actioned.

All cases reported within December have documented safety huddle attendance.

9 SI cases were fully reviewed and presented to the SI panel and SI's were closed.

- Two Medical /Surgical
- Two Woman and Children
- Four Medicine
- One Mental Health

SI Assurance process

Following the closure of an SI, a series of recommendations may be identified as part of an ongoing improvement plan. The completion / organisational learning and change of practice is now being monitored at the recently convened Care Group Clinical Governance reviews which occur monthly and are chaired by the Medical Director and interim Chief Nurse. Focused attention has been directed to achieving outstanding legacy recommendations.

The aim will be to have all recommendations completed within six months of the closure of the SI. Progress and organisational learning will form part of future quality Assurance Committee agenda.

Learning outcomes and themes from previously closed SI reports

Themes from previously closed SI reports have highlighted,

- Concerns regarding Nutrition and Hydration across the inpatient wards
- Failure to escalate concerns regarding the deteriorating patient.
- Concerns relating to the administration of psychotropic medication.
- Management of Major Obstetric Haemorrhage

Organisational improvements following identified themes.

- All inpatient wards now have additional nutritious snacks available to patients 24hrs per day.

- Ward managers undertake weekly audits to ensure nutritional compliance remains a high priority.

- The Quality improvement programme of Recognize Escalate and Rescue (RER) has been fully established which is being focused on ward handovers and includes the multidisciplinary teams.

- A working group has been established to review the use of psychotropic medication and the development of a training package to support the wider clinical teams.

- 100% compliance has been achieved regarding the implementation of the Major Obstetric care bundle during November and December 2023

6. Recommendation

The Advisory Board is asked to note the contents of this report.

END OF REPORT